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# TRIAZOLAM: AN ABSTRACTED BIBLIOGRAPHY

G.G. Reams and W.A. Morey

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Naval Aerospace Medical Research Laboratory  
Naval Air Station  
Pensacola, Florida 32508-5700

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James A. Brady  
J. A. BRADY, CAPT, MSCUSN

Commanding Officer



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19. ABSTRACT (Continue on reverse if necessary and identify by block number) This document is composed of a group of abstracts derived from selected research articles on the drug triazolam. The abstracts are in alphabetical order, according to the last name of the first author. Each abstract includes the author(s) names(s), the title of the article, the source of publication, and the drugs and dosages used. These are followed by a brief description of the subjects and the procedures used. A summary of the research findings and discussion is included, along with a list of relevant keywords. A subject index is included at the end of the document to facilitate locating articles that deal with specific subjects. <b>Keywords!</b>					
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## PREFACE

The Naval Aerospace Medical Research Laboratory is engaged in an effort to determine the effects on performance of several commonly used therapeutic drugs. These investigations, combined with clinical research reports and the experience of our senior flight surgeons, establish the foundation for judging the potential impact of any specific drug treatment on safety of flight and operational readiness. This bibliography focuses on a group of drugs called benzodiazepines, which are operationally used as sleep-inducing agents. The abstracted bibliography is designed as a working document reflecting a literature search and establishes the basic material for a literature summary.

In addition, articles are included that contain information related to the broad topic of human performance. Selected areas of priority under the "clinical-performance" heading include visual, auditory, vestibular, cardio-pulmonary, musculoskeletal, and psychological systems. References pertaining to biochemistry and pharmacodynamics are included as considered necessary to understand certain aspects of research design.

The printing format was selected to provide the user with the option of using this publication as a book or as a supplement to a card file. All abstracts can be torn out and filed.

We have chosen a printing format, tear-out 5 x 8 index cards, to reflect our emphasis on producing a versatile working document, which can be supplemented with future abstracts. A topic-area index is provided at the end of the monograph. The topic-area descriptions for each abstract can be found at the bottom of each 5 x 8 card and represent three general areas: drug, (each specified drug is listed), biomedical discipline (general topic area of the report), and subject population (human or nonhuman).

A numerical filing system can be found at the top right side of each 5 x 8 card. The numerical system corresponds to an alphabetical order by author. This initial volume uses numerical intervals of 10, which will allow abstracts from future volumes to be merged while still retaining a numerical and alphabetical order. Only English-language articles or those with an English-language summary are included.

Each abstract contains eight sections of information: Authors, Title, Reference, Drugs (including dosages when feasible), Subjects (number and type), Procedures (brief general description), Findings (brief listing of major findings), and Index (the topic-area index). In some cases, it was necessary to use more than one 5 x 8 card to adequately abstract the article.

## ACKNOWLEDGMENTS

We gratefully acknowledge Mrs. Nell R. Davis and Mrs. Elaine Cotton for their conscientious technical and secretarial skills. Furthermore, we would like to express our sincere indebtedness to Carla Brown, who superbly managed this project and kept it on schedule. Moreover, we sincerely appreciate the valuable editorial contributions of Kathleen S. Mayer.



Availability Codes	
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A-1	

**AUTHORS:** Adam, K., Oswald, I., and Shapiro C.

**TITLE:** Effect of Loprazolam and of Triazolam on Sleep and Overnight Urinary Cortisol

**REFERENCE:** Psychopharmacology, Vol. 82, pp. 389-394, 1984.

**DRUGS:** Loprazolam 0.5-1.0 mg  
Triazolam 0.5 mg

**SUBJECTS:** Human - 9

**PROCEDURES:** A crossover design, which used a washout period. EEG and EOG were recorded, coded, and scored blind.

**FINDINGS:** The first non-drug night rebound insomnia was reported severe for triazolam; however, both drugs produced a rebound effect. Triazolam (0.5 mg) is too large a dose for most patients (especially elderly).

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Alexander, N., Baldwin, R.J.J., Cranfield, R., Hughes, D., Khan, G.U., and Venugopal, S.S.

**TITLE:** Comparison of Triazolam (Halcion) and Flurazepam (Dalmane) for the Treatment of Insomnia in General Practice

**REFERENCE:** Clinical Trials Journal, Vol. 21, No. 6, pp. 371-377, 1984.

**DRUGS:** Triazolam 0.25 mg  
Flurazepam (FM) 15 mg

**SUBJECTS:** Human - 80

**PROCEDURES:** A prospective double-blind clinical study of insomniacs, using subjective measurements for time of induction and quality of sleep.

**FINDINGS:** Triazolam was better than flurazepam in sleep induction and morning-after alertness, and presented a lower incidence of morning hangover.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Anonymous

**TITLE:** Triazolam (Halcion): Psychological Disturbances

**REFERENCE:** Drug and Therapeutic Bulletin, Vol. 17, No. 19, p. 76, 1979.

**DRUGS:** Triazolam (0.5-1 mg)

**SUBJECTS:** Human - 4 long-term insomniacs

**PROCEDURES:** A brief report.

**FINDINGS:** The four patients developed psychological changes such as anxiety, depersonalization, feeling of reality, paranoia, restlessness, hyperacusis, altered smell and taste, and paresthesia. After an additional 600 reports of suspected reactions were submitted, the Dutch government suspended the use of the drug.

**COMMENT:** The bulletin recommended that the maximal dosage should be 0.25 mg. No further circumstances were given.

**INDEX:** Triazolam - Psychology, Acoustics, Vestibular - Human

**AUTHORS:** Barclay, W.R., Curran, W.J., Greenblatt, D.J., Lapierre, Y.,<sup>40</sup>  
O'Donnell, T.J., Ayd, F.J., Callan, J.P., Gardner, E.A.,  
Ladimer, I., Lehmann, H.E., van Praag, H.M., and Shader, R.I.

**TITLE:** Behavioral Reactions to Triazolam

**REFERENCE:** Lancet, Vol. 2, No. 8150, p. 1018, 1979.

**DRUGS:** Triazolam 0.25 or 0.50 mg  
Flurazepam 15 or 30 mg

**SUBJECTS:** Human - 5000

**PROCEDURES:** Double-blind controlled trials using the two (above) drugs and placebo.

**FINDINGS:** Side effects of triazolam were equal to or less than those of flurazepam.

**COMMENT:** The article implies that the research was designed to determine whether the adverse effects reported in the Netherlands were of concern in the U.S. or if they were due to the much larger dosages employed there. The article assumes the latter.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Bentel, H.

**TITLE:** A Comparative Study Between Two New Benzodiazepine Hypnotics

**REFERENCE:** South African Medical Journal, Vol. 57, p. 769, 1980.

**DRUGS:** Flunitrazepam 2.0 mg  
Triazolam 0.5 and 1.0 mg

**SUBJECTS:** Human - 120 (night before surgery)

**PROCEDURES:** Patients were divided into 3 groups of 40 each.

**FINDINGS:** Both substances proved to be active and resulted in the patients experiencing better sleep. Triazolam (0.5 mg) induced sleep in 65% of patients within 30 min. The corresponding figures for triazolam (1.0 mg) and flunitrazepam (2.0 mg) were 60% and 55%, respectively. Flunitrazepam (2.0 mg) had a pronounced soporific action on the trial population, and the majority of patients slept longer than 8 h.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Bliwise, D., Seidel, W., Karacan, I., Mitler, M., Roth, T., Zorick, F., and Dement, W.

**TITLE:** Daytime Sleepiness as a Criterion in Hypnotic Medication Trials: Comparison of Triazolam and Flurazepam

**REFERENCE:** Sleep, Vol. 6, No. 2, p. 156, 1983.

**DRUGS:** Triazolam 0.5 mg  
Flurazepam 30 mg

**SUBJECTS:** Human - 24 (insomniacs)

**PROCEDURES:** Sleep lab, hypnotic medication trials typically determine efficacy by examining changes in polysomnographically recorded sleep. The authors introduce the use of daytime sleepiness, as assessed by the Multiple Sleep Lab Test (MSLT), used as a criterion for daytime functioning.

**FINDINGS:** Medications had virtually indistinguishable nocturnal effects but differed dramatically during the day. Flurazepam decreased sleep latency on the MSLT, whereas triazolam did not. Results could indicate that daytime sleepiness is a concomitant effect of flurazepam.

**COMMENT:** The study implies that flurazepam has a greater effect on performance than triazolam, at least in reference to arousal.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human



**AUTHORS:** Blumenthal, M., Byring, R., and Koivula, K.

**TITLE:** Comparison of Nitrazepam 5 mg with Triazolam 0.5 mg in Young Psychiatric Insomniac Inpatients

**REFERENCE:** Acta Psychiatrica Scandinavica, Vol. 62, pp. 519-524, 1980.

**DRUGS:** Triazolam 0.5 mg  
Nitrazepam 5 mg

**SUBJECTS:** Human - 60

**PROCEDURES:** A double-blind crossover design was used for the 2-day study. All subjects received triazolam the first night followed by nitrazepam the second night.

**FINDINGS:** Both drugs decreased sleep latency and the number of awakenings, and increased the duration of sleep. Compared with nitrazepam, triazolam-treated patients slept longer, fell asleep faster, and had less nocturnal awakenings.

**COMMENT:** All data were collected subjectively, that is, the patients themselves evaluated their number of awakenings, number of minutes to go to sleep, et cetera, rather than investigator determining the actual time experimentally.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Boissl, K., Dreyfus, J.F., and Delmonte, M.

**TITLE:** Studies on the Dependence-inducing Potential of Zopiclone and Triazolam

**REFERENCE:** International Pharmacopsychiatry, Vol. 17, No. 2, pp. 242-247, 1982.

**DRUGS:** Triazolam (TM) 0.25 mg  
Zopiclone (ZN) 3.75 mg

**SUBJECTS:** Human - 40

**PROCEDURES:** The randomized double-blind study used detoxified chronic alcoholics as subjects. Patients were given one of the drugs each time they felt a desire for alcohol. Patients were then evaluated ~~for any~~ special desire for the drug.

**FINDINGS:** Zopiclone is a non-benzodiazepine hypnotic. None of the volunteers developed a desire for ZN after the study, which suggests a lack of euphoria with this drug.

**COMMENT:** Suggests that ZN has less abuse potential than TM.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Bonnet, M.H.

**TITLE:** Effect of Sleep Disruption on Sleep, Performance, and Mood

**REFERENCE:** Sleep, Vol. 8, No. 1, pp. 11-19, 1985.

**DRUGS:** None

**SUBJECTS:** Human - 11

**PROCEDURES:** Normal subjects were used; sleep was frequently interrupted for 2 nights. Sleep stages, latency, and arousal times were measured. The Clyde Mood Scale, reaction time tasks, and the digit symbol substitution tests were administered.

**FINDINGS:** Periodic disruption of sleep rapidly degrades performance and results in impaired performance. "...there is a significantly altered distribution of sleep stages. Highly significant decreases in sensitivity to the auditory arousing stimulus were demonstrated."

**INDEX:** Psychology, Audiology - Human

**AUTHORS:** Borbely, A.A., Loepfe, M., Mattmann, P., and Tobler, I.

**TITLE:** Midazolam and Triazolam: Hypnotic Action and Residual Effects After a Single Bedtime Dose

**REFERENCE:** Arzneimittel-Forschung Drug Researchs, Vol. 3, No. 11, pp. 1500-1502, 1983.

**DRUGS:** Midazolam 7.5 or 15 mg  
Triazolam 0.25 or 0.5 mg

**SUBJECTS:** Human - 15

**PROCEDURES:** The hypnotic action and residual effects of a single bedtime dose were investigated. Motor activity was continuously recorded by a wrist-worn activity monitor.

**FINDINGS:** Both compounds reduced nighttime motor activity in the first half but not in the second half of sleep. Subjects rated their sleep as more quiet. Performance in the morning, as measured by a psycho-motor test, was significantly impaired only after triazolam (0.5 mg). Rebound insomnia was absent in the 3 nights following drug intake.

**COMMENT:** Triazolam-mediated sleep affects psychomotor performance the following morning.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Biomedical - Human

**AUTHORS:** Bowen, A.J.

**TITLE:** Comparative Efficacy of Triazolam, Flurazepam and Placebo in Out-patient Insomniacs

**REFERENCE:** Journal of International Medical Research, Vol. 6, pp. 337-342, 1978.

**DRUGS:** Triazolam (TZ) 0.5 mg  
Flurazepam (FZ) 15 and 30 mg

**SUBJECTS:** Human - 120 (insomniacs)

**PROCEDURES:** Each patient was studied for 2 nights using a double-blind crossover design.

**FINDINGS:** Triazolam (0.5 mg) was superior to FZ (30 mg) in speeding sleep onset, increasing sleep duration, and reducing the number of nighttime awakenings. Triazolam (0.25 mg) was preferred to FZ (15 mg) and was significantly better than FZ on all sleep questions. Triazolam (0.25 mg) was preferred by more patients than FZ (30 mg) and was judged equally efficacious on individual sleep questions. Reports of side effects were minimal for both drugs. One patient reported blurred vision, one reported chest pressure, and another reported restlessness.

**INDEX:** Triazolam, Benzodiazepines - Vision, Psychology - Human

**AUTHOR:** Carskadon, M.A., Seidel, W.F., Greenblatt, D.J., and Dement, W.C.

**TITLE:** Daytime Carry-over of Triazolam and Flurazepam in Elderly Insomniacs

**REFERENCE:** Sleep, Vol. 5, No. 4, pp. 361-371, 1982.

**DRUGS:** Triazolam (TZ) 0.25 mg  
Flurazepam (FZ) 15 mg

**SUBJECTS:** Human - 13 (elderly insomniacs)

**PROCEDURES:** Total sleep and daytime sleepiness, using the Multiple Sleep Latency Test (MSLT) and Stanford Sleepiness Scale (SSS), as well as performance and mood (profile of mood states POMS), were all measured on 5 consecutive days.

**FINDINGS:** Sleep time was increased approximately 1 h in both drug groups. The MSLT showed increased sleepiness with FZ and decreased sleepiness with TZ. Vigilance was impaired with FZ and unchanged with TZ. Other performance tests showed slight improvement or no change. Mood tended to be improved with FZ and unchanged with TZ.

**COMMENT:** Findings suggested that FZ causes a significant residual sedation, and TZ improves daytime alertness. Neither compound had a significant effect on nocturnal respiration.

**INDEX:** Triazolam, Benzodiazepines - Psychology, Vision - Human

**AUTHORS:** Chatwin, J.C. and Johns, W.L.  
**TITLE:** Triazolam: An Effective Hypnotic in General Practice  
**REFERENCE:** Current Therapeutic Research, Vol. 21, No. 2, pp. 207-214, 1977.  
**DRUGS:** Triazolam 0.25-1.0 mg  
**SUBJECTS:** Human - 30  
**PROCEDURES:** Patients were started on 0.25 mg with an option to increase the dose from the third through the seventh nights, if needed. Subjective measurements of quality of sleep were recorded. A double-blind crossover design was used.  
**FINDINGS:** Mild side effects were reported by four patients. Eight patients required increased doses. The vast majority (27/30) of patients stated improvements in quality and quantity of sleep and reported minimal side effects.  
**COMMENT:** An early clinical study was conducted prior to the product's introduction.  
**INDEX:** Triazolam - Psychology - Human

**AUTHORS:** Chick, J.  
**TITLE:** Hypnotics and Hangover  
**REFERENCE:** British Medical Journal, Vol. 280, p. 1322, 1980. (letter to the editor).  
**DRUGS:** Triazolam  
**SUBJECTS:** N/A  
**PROCEDURES:** A brief precautionary comment on the use of benzodiazepines.  
**FINDINGS:** A patient should be advised not to medicate himself when his cognitive processes may already be disturbed by a recent dose of another hypnotic or to subject himself to yet further hangover the following morning.  
**INDEX:** Triazolam - Psychology - Human

**AUTHORS:** Church, M.W. and Johnson, L.C.

**TITLE:** Mood and Performance of Poor Sleepers During Repeated Use of Flurazepam

**REFERENCE:** Psychopharmacology, Vol. 61, pp. 309-316, 1979.

**DRUGS:** Flurazepam 30 mg

**SUBJECTS:** Human - 12

**PROCEDURES:** A double-blind study to investigate performance effects using a four-choice reaction time task and the digit symbol substitution test (DSST) on poor sleepers over a 10-d period. Short-term memory was also measured.

**FINDINGS:** "Flurazepam had no significant effect on mood...."  
"Flurazepam significantly impaired performance on a four-choice reaction time task and the DSST but not on a short-term memory test."

**COMMENT:** "Performance impairment on DSST showed a drug tolerance effect across the ten day drug period, but reaction time task showed no tolerance effect."

**INDEX:** Benzodiazepines - Psychology - Human

**AUTHORS:** Cobden, I., Record, C.O., and White, R.W.B.

**TITLE:** Fatal Intrahepatic Cholestasis Associated with Triazolam

**REFERENCE:** Postgraduate Medicine Journal, Vol. 57, pp. 730-731, 1981

**DRUGS:** Triazolam 0.25 mg

**SUBJECTS:** Human-case study of a 44-year-old man

**PROCEDURES:** The patient arrived at an emergency room.

**FINDINGS:** The patient developed severe pruritus with jaundice, which subsequently proved fatal. Liver histology showed intense cholestasis, but at postmortem, the bile ducts were patent and there was no cirrhosis. The findings were consistent with a cholestatic drug reaction. The most likely precipitant was the benzodiazepine triazolam, and surveillance was indicated for any further reactions to this recently (at that time) marketed hypnotic.

**INDEX:** Triazolam - Human

**AUTHORS:** Cohn, J.B.

**TITLE:** Double-blind Crossover Comparison of Triazolam and Lorazepam in the Posthypnotic State

**REFERENCE:** Journal of Clinical Psychiatry, Vol. 45, No. 3, pp. 104-107, 1984.

**DRUGS:** Lorazepam 2 mg  
Triazolam 0.5 mg

**SUBJECTS:** Human - 30 (insomniacs)

**PROCEDURES:** Baseline (3-7 d).  
Treatment periods (3-4 d).  
Washouts between trial treatments (3 d).  
A sleep questionnaire, the Stanford Sleepiness Scale, and a cognitive battery were administered to evaluate drug effects.

**FINDINGS:** Triazolam subjects slept better, got to sleep faster, awoke less, and had less drowsiness the following morning.

**COMMENT:** Triazolam (0.5 mg) was not significantly different than the control statistically, when comparing alertness the next morning. Others have suggested that such doses of triazolam will produce marked side effects. Self-evaluative reports may be questionable.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Committee on the Review of Medicines

**TITLE:** Systematic Review of the Benzodiazepines

**REFERENCE:** British Medical Journal, Vol. 280, No. 6218, pp. 910-912, 1980.

**DRUGS:** Benzodiazepines

**SUBJECTS:** N/A

**PROCEDURES:** N/A

**FINDINGS:** The addiction potential of benzodiazepines appears to be low. Long-acting (over 10 h) benzodiazepines should not be used if daytime performance is a factor. None should be used for primary treatment of anxiety or other psychiatric disorders. "The absence of posthypnotic effects or daytime sedation [of short 1/2 life compounds] is dose dependent...."

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Cordingley, G.J., Dean, B.C., and Harris, R. I.  
**TITLE:** A Double-blind Comparison of Two Benzodiazepine Hypnotics, Flunitrazepam and Triazolam in General Practice  
**REFERENCE:** Current Medical Research and Opinion, Vol. 8, No. 10, pp. 714-719, 1984.  
**DRUGS:** Flunitrazepam (FM) 1 mg  
Triazolam (TM) 0.25 mg  
**SUBJECTS:** Human - 312  
**PROCEDURES:** Subjects with sleep disorders requiring treatment were used in a double-blind study (7-14 nights). Data were collected by investigator assessment and patient assessment (regarding sleep).  
**FINDINGS:** Six patients receiving FM and eight patients receiving TM withdrew from study because of side effects. A list of symptoms is reported by the patients.  
**INDEX:** Triazolam, Benzodiazepines - Vestibular, Psychology - Human

**AUTHORS:** Costa E., Silva, J.A., Acioli, A., Naylor, C., Jones, D.A., Silva, C., and Ferreira, I.  
**TITLE:** Midazolam and Triazolam in Outpatients: A Double-blind Comparison of Hypnotic Efficacy  
**REFERENCE:** British Journal of Clinical Pharmacology, Vol. 16, pp. 179S-183S, 1983.  
**DRUGS:** Triazolam (TZ) 0.5 mg  
Midazolam (MZ) 15 mg  
**SUBJECTS:** Human - 198  
**PROCEDURE:** The subjects received a drug for 2 consecutive nights and completed a questionnaire each day upon awakening.  
**FINDINGS:** Both drugs significantly shortened the sleep-onset latency, reduced the number of awakenings, and increased the total sleep time. The patients' mental state upon awakening was significantly improved after both compounds for several self-rated items. The patients' feeling of being under drug influence was reported as being significantly more marked after TZ.  
**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Dahl, L.E., Dencker, S.J., Lundin, L., and Kullingsjo, H.  
**TITLE:** Comparison of Nitrazepam with Triazolam in Insomniac Outpatients  
**REFERENCE:** Acta Psychiatrica Scandinavia, Vol. 65, pp. 86-92, 1982.  
**DRUGS:** Triazolam (TZ) 0.5 mg  
Nitrazepam (NZ) 5 mg  
**SUBJECTS:** Human - 49  
**PROCEDURES:** The effects of TZ were compared in a 7-day double-blind study with the longer acting NZ. Patients completed a sleep questionnaire.  
**FINDINGS:** All significant differences favored the use of TZ. On the first night, TZ was significantly more effective than NZ in inducing and maintaining sleep and in increasing its overall duration. The patients' subjective preference, reflecting the depth of sleep experienced and the effect of the medication, reached highly significant levels in favor of TZ. Later in the study, the differences between the drugs disappeared, although the depth of sleep was better with TZ.  
**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Danneberg, P. and Weber, K.H.  
**TITLE:** Chemical Structure and Biological Activity of the Diazepines  
**REFERENCE:** British Journal of Clinical Pharmacology, Vol. 16, pp. 231S-243S, 1983.  
**DRUGS:** Diazepines  
**SUBJECTS:** N/A  
**PROCEDURES:** Review article.  
**FINDINGS:** "The main pharmacological effects of the diazepines are exerted on emotional behavior, muscular tone and motor coordination.... The diazepines affect primarily the limbic system and only in higher doses inhibit the reticular vigilance and arousal system.... Binding sites were found and their highest density was in the central cortex, the cerebellum and the structures of the limbic system."  
**COMMENT:** Excellent review article that examines many aspects of basic biochemistry.  
**INDEX:** Triazolam, Benzodiazepines - Psychology, Vestibular, Vision, Acoustics, Chemistry - Human and Nonhuman



- AUTHORS:** Deacon, R.M.J. and Gardner, C.R.
- TITLE:** The Pull-up Test in Rats: A Simple Method for Evaluating Muscle Relaxation
- REFERENCE:** Journal of Pharmacological Methods, Vol. 11, pp. 119-124, 1984.
- DRUGS:** Benzodiazepines - doses vary  
Barbiturates - doses vary  
Antipsychotics - doses vary
- SUBJECTS:** Rats
- PROCEDURES:** The study used the pull-up test, which uses muscle lifting in inverted rats to measure muscle relaxation.
- FINDINGS:** Each of the benzodiazepines tested showed potent skeletal muscle relaxation effects. Some of the centrally acting drugs, such as meprobamate and barbiturates, demonstrated marked muscle relaxation effects, while the antipsychotics and morphine showed little effect. "We consider...the test has a useful place in the psychopharmacology laboratory."
- INDEX:** Triazolam, Benzodiazepines - Biomedical - Psychology - Nonhuman

- AUTHORS:** Dehlin, O., Bjornson, G., Abrahamsson, L., and Smith, R.B.
- TITLE:** Pharmacokinetics of Triazolam in Geriatric Patients
- REFERENCE:** European Journal of Clinical Pharmacology, Vol. 25, pp. 91-94, 1983.
- DRUGS:** Triazolam 0.25 mg
- SUBJECTS:** Human - 8
- PROCEDURES:** Serum triazolam levels were obtained at hourly intervals in geriatric patients requiring daytime sedation. Oral administration was 1 h after breakfast for 7 consecutive days.
- FINDINGS:** No significant difference in serum concentrations between day 1 and day 7 were found. The average half-life of triazolam was about 1.5 h post administration.
- INDEX:** Triazolam, Benzodiazepines - Acoustics, Vision, Vestibular, Psychology, Chemistry - Human

**AUTHORS:** Dement, W., Seidel, W., and Carskadon, M.  
**TITLE:** Issues in the Diagnosis and Treatment of Insomnia  
**REFERENCE:** Psychopharmacology Supplement I, pp. 12-43, 1954.  
**DRUGS:** Flurazepam  
Triazolam  
**SUBJECTS:** N/A  
**PROCEDURES:** Review article.  
**FINDINGS:** Chronic insomniacs demonstrated varying levels of daytime alertness but not significantly different from good sleepers. "The effect of flurazepam and triazolam on sleep improvement was essentially the same. . . . Triazolam improved not only nighttime sleep but also daytime alertness."  
**COMMENT:** This lengthy article discusses insomnia of all types, and hypnotics and their use.  
**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Dement, W., Seidel, W., and Carskadon, M.  
**TITLE:** Daytime Alertness, Insomnia, and Benzodiazepines  
**REFERENCE:** Sleep, Vol. 5, pp. S28-S45, 1982.  
**DRUGS:** Review of several benzodiazepines (i.e., triazolam)  
**SUBJECTS:** N/A  
**PROCEDURES:** Reviews information from several studies and subject pools (i.e., insomniacs).  
**FINDINGS:** Recently, two new trends have been used to evaluate hypnotic efficacy. First, the discovery of specific pathophysiological processes associated with insomnia has led to a diagnostic refinement, culminating in a formal and comprehensive nosology with over 60 specific diagnoses. Second, sleep cannot be considered apart from wakefulness, therefore treating insomnia is, or should be, a problem of the entire 24-h day.  
**COMMENT:** If sleep can be clearly demonstrated to affect performance, then it may be a valid means of helping to better understand the performance effects of assigned drugs.  
**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

- AUTHORS:** Dordain, G., Puech, A.J., and Simon, P.
- TITLE:** Triazolam Compared with Nitrazepam and with Oxazepam in Insomnia: Two Double-blind, Crossover Studies Analyzed Sequentially
- REFERENCE:** British Journal of Clinical Pharmacology, Vol. 11, pp. 43S-49S, 1981.
- DRUGS:** Triazolam (TZ) 0.50 mg  
Nitrazepam (NT) 5 mg  
Oxazepam (OZ) 50 mg
- SUBJECTS:** Human - Comparison of TZ and NZ: 54 patients (31 women and 23 men)  
Comparison of TZ and OZ: 76 patients (59 women and 17 men)
- PROCEDURES:** Two double-blind, crossover studies comparing the hypnotic activity of TZ to NZ and OZ. The patients' preferences served as the main criterion and were processed by sequential analysis.
- FINDINGS:** Significantly more patients preferred TZ to NZ. The numbers of patients who preferred TZ to OZ did not differ significantly. Both TZ and OZ affected sleep parameters similarly except for onset of sleep and feeling in the morning, for which TZ seemed to be superior to OZ. Also, OZ produced significantly more side effects than did TZ (i.e., vertigo and difficulties upon awakening).
- INDEX:** Triazolam, Benzodiazepines - Vestibular, Psychology, - Human

- AUTHORS:** Dorow, R.G., Seidler, J., and Schneider, H.H.
- TITLE:** A Radioreceptor Assay to Study the Affinity of Benzodiazepines and Their Receptor Binding Activity in Human Plasma Including Their Active Metabolites
- REFERENCE:** British Journal of Clinical Pharmacology, Vol. 13, pp. 561-565, 1982.
- DRUGS:** Lormetazepam (LM) 1 mg  
Flunitrazepam (FM) 2 mg  
Diazepam (V) 10 mg
- SUBJECTS:** Human - 8
- FINDINGS:** "Receptor affinities of numerous benzodiazepines (in vitro) show good correlation with therapeutic human doses."
- COMMENT:** A radioreceptor assay technique is used to detect small quantities of benzodiazepine.
- INDEX:** Triazolam, Benzodiazepines - Chemistry, Pharmacology - Human

**AUTHORS:** Drost, R.A.  
**TITLE:** The Halcion Story  
**REFERENCE:** Lancet, Vol. 1, No. 8176, pp. 1027-1028, 1980. (Letter to the editor).  
**DRUGS:** Triazolam  
**SUBJECTS:** N/A  
**PROCEDURES:** N/A  
**FINDINGS:** Drost takes exception with Lasagna's viewpoint (see Lancet, April 12) on events leading up to the suspension of the sales license for the hypnotic triazolam in the Netherlands in August 1979. Drost asserts that Lasagna did not attempt to collect and verify the facts.  
**COMMENT:** A dispassionate and documented account of the actual events and related background is provided in Nederlandse Staatscourant, Feb. 5 (No. 25, p. 3) and other recommended readings in the article.  
**INDEX:** Triazolam, Benzodiazepines - Psychology, Vestibular, Vision - Human

**AUTHORS:** Eberts, F.S., Philopoulos, Y., Reineke, L.M., and Vliek, R.W.<sup>300</sup>  
**TITLE:** Triazolam Disposition  
**REFERENCE:** Clinical Pharmacology and Therapeutics, Vol. 29, No. 1, pp. 81-93, 1981.  
**DRUGS:** Triazolam 0.88 mg  
**SUBJECTS:** Human - 6  
**PROCEDURES:** Normal adult males were given radiolabeled triazolam. Blood samples were drawn at intervals and assayed to measure absorption and clearance.  
**FINDINGS:** "Triazolam was rapidly absorbed with a mean T<sub>1/2A</sub>. of 2.8 min."  
"Triazolam was rapidly eliminated with a mean T<sub>1/2E</sub>. of 2.3 hrs."  
"There was no accumulation of drug or active metabolite after repeated doses."  
**COMMENT:** A well-constructed research design that avoids performance issues.  
**INDEX:** Triazolam, Benzodiazepines - Chemistry - Human

**AUTHORS:** Einarson, T.R.  
**TITLE:** Systematic Review of the Benzodiazepines  
**REFERENCE:** British Medical Journal, Vol. 281, No. 6246, p. 1009, 1980.  
**DRUGS:** Benzodiazepines  
**SUBJECTS:** N/A  
**PROCEDURES:** This is a comment on a previous article.  
**FINDINGS:** Aggressive outburst and suicidal tendencies have only been reported with the longer-acting benzodiazepines.  
**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Einarson, T.R. and Yoder, E.S.  
**TITLE:** Triazolam Psychosis - A Syndrome?  
**REFERENCE:** Drug Intelligence and Clinical Pharmacy, Vol. 16, No. 4, p. 330, 1982.  
**DRUGS:** Triazolam 0.5 mg  
**SUBJECTS:** Human - 1  
**PROCEDURES:** Case report.  
**FINDINGS:** A clinically depressed female on multiple drugs became dis-oriented and confused when given 0.5 mg triazolam. "Perhaps a triazolam syndrome does exist in susceptible individuals."  
**COMMENT:** Mention is made of drug reaction versus idiopathic psychotic episode. Multiple drug therapy is mentioned as no problem.  
**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Ellingsen, P.A.

**TITLE:** Double-blind Trial of Triazolam 0.5 mg vs. Nitrazepam 5 mg in Outpatients

**REFERENCE:** Acta Psychiatrica Scandinavia, Vol. 67, pp. 154-158, 1983.

**DRUGS:** Triazolam (TZ) 0.5 mg  
Nitrazepam (NZ) 5 mg

**SUBJECTS:** Human - 40 patients (22 men and 18 women; mean age 42 years)

**PROCEDURES:** A double-blind crossover design was used on insomniac patients. The results were derived from a patient sleep questionnaire.

**FINDINGS:** Duration and latency of sleep and the number of awakenings during the night showed a significant difference in favor of TZ. An overall evaluation of sleep also showed TZ to be superior to NZ. Both drugs seemed to reduce dream activity and to alter the character of the dreams. Side effects did not differ significantly.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Fabre, L.F., Brachfeld, J., Meyer, L.R., Slowe, I.A., Calvo, R., and Metzler, C.

**TITLE:** Multi-clinic Double-blind Comparison of Triazolam and Placebo Administered for 14 Consecutive Nights in Outpatients with Insomnia

**REFERENCE:** The Journal of Clinical Psychiatry, Vol. 39, No. 8, pp. 679-82, 1978.

**DRUGS:** Triazolam 0.5 mg

**SUBJECTS:** Human - 239

**PROCEDURES:** One hundred and twenty-two patients with insomnia were given 0.5 mg triazolam for 14 days; 117 were given placebo. Each morning, questionnaires were completed to assess sleep onset, quality, duration, restfulness, and side effects.

**FINDINGS:** Ten patients on triazolam and 29 on placebo dropped-out because of "ineffectiveness" of the medication. Sixteen on triazolam and 16 on placebo dropped out due to side effects. "Triazolam was significantly better than placebo on all efficiency parameters measured. . . . Triazolam did not produce evidence of tolerance development after two weeks of treatment."

**COMMENT:** Large study of subjective data.

**INDEX:** Triazolam - Psychology - Human

**AUTHORS:** Fabre, L.F., Gainey, A., Kemple, S., McLendon, D.M., and Metzler, C.M.

**TITLE:** Pilot Open-label Study of Triazolam in the Treatment of Insomnia Following Alcohol Withdrawal

**REFERENCE:** Journal of Studies of Alcohol, Vol. 38, No. 11, pp. 2188-2192, 1977.

**DRUGS:** Triazolam 0.5-1.0 mg (dose adjustments allowed)

**SUBJECTS:** Human - 12 (alcoholics)

**PROCEDURES:** Sleep was subjectively assessed as depth of sleep, duration of sleep, and number of nighttime awakenings. Assessment was made at 1, 2, and 4 weeks.

**FINDINGS:** Sleep was improved in all parameters examined. Results indicated reduced anxiety scores. Six patients were dropped from the study due to side effects.

**INDEX:** Triazolam, Alcohol - Psychology - Human

**AUTHORS:** Fabre, L.F., Gross, L., Pasigajen, V., and Metzler, C.

**TITLE:** Multiclinic Double-blind Comparison of Triazolam and Flurazepam for Seven Nights in Outpatients with Insomnia

**REFERENCE:** Journal of Clinical Pharmacology, Vol. 17, No. 7, pp. 402-409, 1977.

**DRUGS:** Triazolam 0.5 mg  
Flurazepam 30 mg

**SUBJECTS:** Human - 110

**PROCEDURES:** Each patient was to keep a daily diary of sleep episodes at their own residences. Statistical analysis was made according to patient responses over a 7-d treatment period.

**FINDINGS:** Side effects that caused patients to be dropped from the study included five patients on triazolam (four serious side effects and one due to ineffectiveness) and three patients on flurazepam (one side effect and two because of ineffectiveness).

**COMMENT:** Subjective evaluations by patients.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Fabre, L.F., McLendon, D.M., and Harris, R.T.

**TITLE:** Preference Studies of Triazolam with Standard Hypnotics in Outpatients with Insomnia

**REFERENCE:** Journal of International Medical Research, Vol. 4, pp. 247-254, 1976.

**DRUGS:** Triazolam (TM) 0.5 mg  
Flurazepam (FM) 30 mg  
Chloral Hydrate (CH) 500 mg

**SUBJECTS:** Human - 104 (insomniacs)

**PROCEDURES:** Insomniac patients involved in four different, 2-night double-blind crossover studies. A sleep questionnaire was used to assess onset, quality, and duration of sleep, as well as side effects.

**FINDINGS:** "The four studies indicated that outpatients suffering from insomnia preferred triazolam to FM or CH. . . . Triazolam was found to be better than flurazepam in sleep induction. . . . Triazolam was found better than CH in most parameters."

**COMMENT:** A purely subjective study.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Fabre, L.H. and Smith, W.T.

**TITLE:** Multi-clinic Crossover Comparison of Triazolam and Placebo in the Treatment of Coexisting Insomnia and Anxiety in Anxious Outpatients

**REFERENCE:** Diseases of the Nervous System, Vol. 38, No. 6, pp. 487-491, 1977.

**DRUGS:** Triazolam 0.25 mg

**SUBJECTS:** Human - 45

**PROCEDURES:** Double-blind crossover study of outpatients with insomnia and anxiety. Patient and physician evaluations were obtained. After 7 days, the medications were crossed-over with the placebo.

**FINDINGS:** Triazolam was significantly better than placebo in terms of onset of sleep, quality, duration, and restfulness. No differences in the evidence and quality of dreams were found. Triazolam was significantly superior to placebo in reducing anxiety as measured by the Target Symptoms Record, Hamilton Anxiety Rating Scale, and others.

**INDEX:** Triazolam - Psychology - Human



**AUTHORS:** File, S.E.

**TITLE:** Rapid Development of Tolerance to the Sedative Effects of Lorazepam and Triazolam in Rats

**REFERENCE:** Psychopharmacology, Vol. 73, pp. 240-245, 1981.

**DRUGS:** Lorazepam (LM) 0.25 and 0.5 mg/kg  
Triazolam (TM) 0.075-0.25 mg/kg

**SUBJECTS:** Rats

**PROCEDURES:** Rats placed in a holeboard were monitored for head-dipping activity by photoelectric cells as a measure of exploration activity.

**FINDINGS:** Tolerance to the sedative effects of both drugs occurred after 3 days of pretreatment. "Development of tolerance did not require the continuous presence of drug in brain and plasma." Triazolam was faster acting than LM. "Changes in drug metabolism can account for some, but possibly not all, of the behavioral tolerance."

**INDEX:** Triazolam, Benzodiazepines - Psychology - Nonhuman

**AUTHORS:** Fontaine, R. and Bradwejn, J. (the article) Hendler, N. and Long, D. (the reply)

**TITLE:** The Effects of Benzodiazepines (A reply is also contained.)

**REFERENCE:** American Journal of Psychiatry, Vol. 138, No. 4, pp. 536-537, 1981.

**DRUGS:** Benzodiazepines

**SUBJECTS:** N/A

**PROCEDURE:** N/A

**FINDINGS:** The article mentions that other researchers seem confident about the use of the Weschler Adult Intelligence Scale (WAIS), the Bender-Gestalt, and the EEG to measure cognitive and psychomotor performance impairment caused by medication. The authors feel that these tests are perhaps too global and that research has identified more sensitive measures: threshold for critical flicker fusion, letter cancellation, and digit symbol substitution. THE RESPONSE: Hendler and Long agree that the use of the EEG, WAIS, and Bender-Gestalt tests are global and nonspecific, but this nonspecific effect occurred nearly twice as often in the group of patients taking just benzodiazepines than in the group just taking narcotics.

**INDEX:** Triazolam, Benzodiazepines - Psychology, Vision-Human

**AUTHORS:** Freedman, D.X. (Chairman)

**TITLE:** Drugs and Insomnia: The Use of Medication to Promote Sleep

**REFERENCE:** Consensus Development Conference Statement, 15-17 November 1983 (a draft).

**DRUGS:** Benzodiazepines

**SUBJECTS:** N/A

**PROCEDURES:** Treatment strategies for insomnia are discussed.

**FINDINGS:** Unlike many other benzodiazepines, triazolam has no active metabolite. Even though triazolam has little or no cumulative effects, due to its short half-life (3-4 h), there is still unwanted tolerance. Although the benzodiazepines in therapeutic doses generally do not appear to inhibit or enhance the metabolism of other drugs, their effects do interact with ethanol and other sedative hypnotics. Thus, the central nervous system depressant effects of alcohol and the other benzodiazepines are additive.

**INDEX:** Triazolam, Alcohol - Psychology - Human

**AUTHORS:** Gall, M., Kamdar, B., and Collins, R.J.

**TITLE:** Pharmacology of Some Metabolites of Triazolam, Alprazolam, and Diazepam Prepared by a Simple, One-step Oxidation of Benzodiazepines

**REFERENCE:** Journal of Medical Chemistry, Vol. 21, No. 12, pp. 1290-1294, 1978.

**DRUGS:** Triazolam

**SUBJECTS:** Nonhuman

**PROCEDURES:** Triazolam and two principle metabolites (alpha, 4-dihydroxy triazolam, and alpha-hydroxy triazolam) were tested for pharmacological activity.

**FINDINGS:** The dihydroxy metabolite had very little pharmacologic activity. The one alpha hydroxy metabolite has considerable biologic activity as the parent compound (triazolam); but, because serum concentrations are so low with this metabolite, it probably contributes very little to the action of triazolam. Neither metabolite accumulates in tissues.

**INDEX:** Triazolam, Benzodiazepines - Chemistry - Nonhuman

- AUTHORS:** Goetzke, E., Findeisen, P., and Welbers, I.B.
- TITLE:** Comparative Study on the Efficacy of and the Tolerance to the Triazolodiazepines, Triazolam and Brotizolam
- REFERENCE:** British Journal of Clinical Pharmacology, Vol. 16, No. 2, pp. 407S-412S, 1983.
- DRUGS:** Triazolam (TZ) 0.25 mg  
Brotizolam (BZ) 0.25 mg
- SUBJECTS:** Human - 86
- PROCEDURES:** A double-blind crossover trial was used, and the ingestion of drugs was randomized. The duration of the study was 14 d, and each assessment period lasted 7 d. Each morning, the patients evaluated their sleep and early morning alertness.
- FINDINGS:** Over a 6-d period, efficacy and tolerance did not differ. The physicians reported the effectiveness of the drugs to be good-co-satisfactory in 88.6% of the subjects with BZ and 92.0% with TZ. The patients reported (with both drugs) reduced time to fall asleep, less awakenings, increased duration of sleep, and improved condition on awakening. Side effects were reported by five patients (two with BZ and three with TZ), involving hang-over and mild skin allergy.
- INDEX:** Triazolam, Benzodiazepines - Psychology - Human

- AUTHORS:** Gorenstein, C. and Gentil, V.
- TITLE:** Residual and Acute Effects of Flurazepam and Triazolam in Normal Subjects
- REFERENCE:** Psychopharmacology, Vol. 80, pp. 375-379, 1983.
- DRUGS:** Flurazepam (FZ) 15 and 30 mg  
Triazolam (TZ) 0.25 and 0.5 mg
- SUBJECTS:** Human - 6
- PROCEDURES:** Treatment intervals were 1 week apart. Physiological measures were blood pressure, pulse rate, pupil size, and critical flicker-fusion threshold (CFF). Psychological tests included the Digit Symbol Substitution Test (DSST), the Symbol Copying Test (SCT), a cancellation task (CT), and the Ball Bearing Test. The following rating scales were used: a modified visual analogue mood scale (VAMS-m), a modified body symptom scale (BSS-m), an eight-item visual analogue global impression scale (GIS), and a six-item visual analogue experimenter observation scale (EOS). Lastly, the procedure included a modified sleep evaluation questionnaire (SEQ-m).
- FINDINGS:** Doses of both drugs produced hangover effects, impairing motor performance and increasing sleepiness the following morning. The effects of FZ were mild and hard to distinguish from those of the placebo.
- INDEX:** Triazolam, Benzodiazepines - Vision, Psychology - Human

**AUTHORS:** Gram, L.F.

**TITLE:** The Contribution of Pharmacokinetics to the Best Use of Benzodiazepines and Antidepressants

**REFERENCE:** L'Encephale, Vol. 8, pp. 291-298, 1982.

**DRUGS:** Benzodiazepines  
Antidepressants

**SUBJECTS:** N/A

**PROCEDURES:** Review article regarding basic pharmacology and the differences between the two classes of drugs.

**FINDINGS:** "A major significance of pharmacokinetics of antidepressants thus is, that therapy guided by monitoring of plasma levels of active compounds will improve both safety and efficacy of the treatment."

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Greenblatt, D.J., Divoll, M., Abernathy, D.R., and Shader, R.I.

**TITLE:** Benzodiazopine Hypnotics: Kinetic and Therapeutic Options

**REFERENCE:** Sleep, Vol. 5, pp. 518-527, 1982.

**DRUGS:** Benzodiazopines

**SUBJECTS:** N/A

**PROCEDURES:** Review article.

**FINDINGS:** The paper reviews seven compounds, as well as their derivatives, comparing rates of absorption and elimination. Temazepam uptake and elimination rates are slow, suggesting possible residual, cumulative effects.

**INDEX:** Triazolam, Benzodiazepines - Acoustics, Vestibular, Vision, Biomedical, Psychology - Human

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**AUTHORS:** Greenblatt, D.J., Shader, R.I., Dovall, M., and Harmatz, J.S.  
**TITLE:** Adverse Reactions to Triazolam, Flurazepam, and Placebo in Controlled Clinical Trials  
**REFERENCE:** Journal of Clinical Psychiatry, Vol. 45, No. 5, pp. 192-195, 1984.  
**DRUGS:** Triazolam (TZ) 0.25-0.50 mg  
Flurazepam (FZ) 30 mg  
**SUBJECTS:** Human - (TZ 0.25 mg, n = 731) (TZ 0.5 mg, n = 2004)  
(FZ n = 899)  
**PROCEDURES:** Clinical trials (45 double-blind)  
Usually without washout between trials  
Interview and self rating.  
**FINDINGS:** Complaints associated with FZ were drowsiness, dizziness, fatigue, or incoordination (CNS). Triazolam was intermediate to placebo and FZ. All other adverse reactions equal or more frequent with placebo.  
**COMMENT:** No normal controls were used, and all subjects were patients. Self reports.  
**INDEX:** Triazolam, Benzodiazepines - Vestibular, Biomedical - Human

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**AUTHORS:** Griffiths, R.R., Lamb, R.J., Ator, N.A., Roache, J.D., and Brady, J.V.  
**TITLE:** Relative Abuse Liability of Triazolam: Experimental Assessment in Animals and Humans  
**REFERENCE:** Neuroscience and Behavioral Review, Vol. 9, pp. 133-151, 1985.  
**DRUGS:** Triazolam  
Benzodiazepines  
Barbiturates  
**SUBJECTS:** N/A  
**PROCEDURES:** Review of 168 articles.  
**FINDINGS:** "Triazolam has relatively less abuse potential than the intermediate barbiturates such as pentobarbital." We have no clear indication that triazolam has greater abuse potential than other benzodiazepines. Speculation exists that triazolam has greater toxicity than other benzodiazepines, and data suggest that triazolam may have a greater amnestic effect than pentobarbital.  
**INDEX:** Triazolam, Benzodiazepines - Psychology - Human, Nonhuman

**AUTHORS:** Gudgeon, A.C. and Hindmarch, I.

**TITLE:** Midazolam: Effects on Psychomotor Performance and Subjective Aspects of Sleep and Sedation in Normal Volunteers

**REFERENCE:** British Journal of Clinical Pharmacology, Vol. 16, pp. 121S-126S, 1983.

**DRUGS:** Midazolam 5, 10, 15, and 20 mg

**SUBJECTS:** Human - 12

**PROCEDURES:** Twelve normal volunteers were employed in two experiments using Choice Reaction Time (CRT), Critical Flicker Fusion Frequency (CFFF), and Leeds Sleep Evaluation Questionnaire (LSEQ). Four doses and matching placebos were used.

**FINDINGS:** The CRT test showed a dose-related, progressive impairment of task performance. A significant decrement in CFFF thresholds was found with Midazolam at all doses. Subjects rated the drugs similarly, reflecting the CRT and CFFF findings.

**COMMENT:** Midazolam has significant sedative effects, which were not observed at 7 or 12 h post-administration.

**INDEX:** Benzodiazepines - Psychology, Vision - Human

**AUTHORS:** Gurwich, E., Cohon, M., Olree J., Cramer, R., and Pugsley, J. 500

**TITLE:** Halcion (Triazolam): Pharmacokinetic Profile

**REFERENCE:** Upjohn Company Tech Report, Feb., 1985. Drug Information Services Unit (9182).

**DRUGS:** Triazolam

**SUBJECTS:** Human and nonhuman

**PROCEDURE:** A review of published and unpublished data on triazolam through September 1984.

**FINDINGS:** (1) Triazolam is soluble in chloroform and insoluble in water; (2) the  $pK_a = 1.71$ ; (3) administration of 0.5 mg TZ with food delayed absorption rate but not peak levels; (4) TZ is bound (89%) to serum albumin; (5) TZ elimination half-life = 1.8-4.6 h; (6) TZ is metabolized to six compounds, principally hydroxy derivatives with an average elimination half-life of 3.8 h; (7) the elimination of TZ in geriatric patients is reduced.

**INDEX:** Triazolam - Chemistry, Pharmacology - Nonhuman, Human

**AUTHORS:** Hendler, N., Cimini, C., Terence, M.A., and Long, D.

**TITLE:** A Comparison of Cognitive Impairment Due to Benzodiazepines and to Narcotics

**REFERENCE:** American Journal of Psychiatry, Vol. 137, pp. 828-830, 1980.

**DRUGS:** Benzodiazepines (BZ) and narcotics. (The patients were screened for the drug; amounts are not clearly reported.)

**SUBJECTS:** Human - 106 patients admitted during a 6-month period; 64 (60%) were taking BZ; 21 were taking narcotics alone, and 18 were taking BZ alone.

**PROCEDURES:** Thirteen of the 18 BZ patients had an EEG, as well as the full battery of psychological tests (Wechsler Adult Intelligence Scale, Memory Quotient, and Bender-Gestalt); 13 of the 21 patients taking narcotics alone also completed the same tests.

**FINDINGS:** Patients receiving narcotics alone and a group of patients not receiving medication did not show signs of cognitive impairment. The effects of BZ on sleep and perception of chronic pain, in combination with the cortical changes that they produce, imply that these drugs should not be used in most patients with chronic pain.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Hill, S.Y., Goodwin, D.W., Reichman, J.B., Mendelson, W.B., and Hopper, S.

**TITLE:** A Comparison of Two Benzodiazepine Hypnotics Administered with Alcohol

**REFERENCE:** Journal of Clinical Psychiatry, Vol. 43, pp. 408-410, 1982.

**DRUGS:** Triazolam (TM) 0.25 and 0.5 mg  
Flurazepam (FM) 30 mg  
Alcohol 0.8g/kg body wt

**SUBJECTS:** Human - 56

**PROCEDURES:** Drugs were administered to healthy volunteers in a double-blind manner with combinations of alcohol- placebo or alcohol-drug. The pursuit rotor test (PRT), attention test (AT), Romberg test (RT), tweezer dexterity test (TDT), word association test (WAT), digit symbol (DS), and digit span (DS) were administered.

**FINDINGS:** Larger doses of TM with alcohol produced adverse symptoms in all subjects and were discontinued. Additive effects were found in only two tests, the RT and the WAT. Alcohol and TM together produced an additive impairment of balance.

**INDEX:** Triazolam, Benzodiazepines, Alcohol - Psychology, Vestibular, Vision - Human

**AUTHORS:** Hindmarch, I. and Clyde, C.A.

**TITLE:** The Effects of Triazolam and Nitrazepam on Sleep Quality, Morning Vigilance and Psychomotor Performance

**REFERENCE:** Arzneimittel-Forschung Drug Research, Vol. 30, No. 7, pp. 1163-1166, 1980,

**DRUGS:** Triazolam (TM) 0.5 mg  
Nitrazepam (NM) 10 mg

**SUBJECTS:** Human - 20

**PROCEDURES:** Reaction time, critical flicker fusion (CFF) threshold, and mental arithmetic ability were measured on the morning following bedtime administration of the drug.

**FINDINGS:** "Both drugs were rated as effective hypnotics." Early morning performance impairment was found with NM but not TM. Following initial doses of NM, CFF thresholds were depressed but increased following TM.

**COMMENT:** The residual sedative effects were greater with NM.

**INDEX:** Benzodiazepines, Triazolam - Vision, Psychology - Human

**AUTHORS:** Jochemsen, R., Wesselman, J.G., van Boxtel, C.J., Hermans, J.,<sup>540</sup>  
and Breimer, D.D.

**TITLE:** Comparative Pharmacokinetics of Brotizolam and Triazolam in Healthy Subjects

**REFERENCE:** British Journal of Clinical Pharmacology, Vol. 16, 291S-297S, 1983.

**DRUGS:** Triazolam 0.5 mg  
Brotizolam 0.5 mg

**SUBJECTS:** Human - 8

**PROCEDURES:** A crossover design was used with oral administration and venous sampling up to 24 h (Triazolam) and 48 h (Brotizolam).

**FINDINGS:** Peak times for plasma drug level were  $1.1 \pm 1.0$  h for brotizolam and  $1.2 \pm 0.5$  h for triazolam. Elimination half-life was 2 times greater in brotizolam ( $5.0 \pm 1.1$  h vs  $2.6 \pm 0.7$  h). Uptake kinetics varied in some subjects for TZ.

**INDEX:** Triazolam, Benzodiazepines - Chemistry, Pharmacology - Human



**AUTHORS:** Johnson, L.C. and Chernik, D.A.

**TITLE:** Sedative-hypnotics and Human Performance

**REFERENCE:** Psychopharmacology, Vol. 76, pp. 101-113, 1982.

**DRUGS:** Eight different benzodiazepines and five different barbiturates

**SUBJECTS:** N/A

**PROCEDURES:** A review article of 52 separate studies with emphasis on psychomotor performance.

**FINDINGS:** Drug-related daytime performance did not improve. Long-acting drugs generally showed more performance decrement than short-acting drugs. Sedative-hypnotics generally improved the quality of sleep but not the daytime performance.

**COMMENT:** A comprehensive review of the literature comparing available sedative-hypnotics.

**INDEX:** Benzodiazepines, Triazolam - Psychology - Human

**AUTHORS:** Johnson, L.C., Mitler, M.M., and Dement, W.C.

**TITLE:** Comparative Hypnotic Effects of Flurazepam, Triazolam, and Placebo: A Reanalysis

**REFERENCE:** Naval Health Research Center, 1984, Report No. 84-13.

**DRUGS:** Flurazepam (FZ) 30 mg  
Triazolam (TZ) 0.5 mg  
Placebo

**SUBJECTS:** Human - 32

**PROCEDURES:** Chronic insomniacs were studied for 59 nights in a parallel group design.

**FINDINGS:** (1) "Placebo had no consistent impact on any sleep variables."  
(2) TZ patients displayed marked sleep latency increases in the first 2 withdrawal nights but no rebound in awake time after sleep onset.  
(3) FZ latency-to-sleep onset occurred over a much longer period than TZ.

**COMMENT:** Short-acting benzodiazepines appear to prevent rebound wakefulness after sleep onset better than long-acting BZ. Withdrawal sleep latency appears confined to 1 or 2 nights with TZ, and may be irregular up to 2 weeks with FZ.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Johnson, L.C. and Spinweber, C.L.

**TITLE:** Effects of a Short-acting Benzodiazepine on Brain Electrical Activity During Sleep

**REFERENCE:** Naval Health Research Center, 1981, Report No. 81-2.

**DRUGS:** Triazolam 0.5 mg

**SUBJECTS:** Human - (12 insomniacs)

**PROCEDURES:** Days 1 through 3 were placebo days, days 4 through 10 were either placebo or drug days, and days 11 through 12 were placebo days. The EEG auditory-evoked responses were recorded, and on the sixth night, patients were tested at 1.5, 3, 5, and 7.5 h for cognitive and visual motor performance tasks.

**FINDINGS:** (1) TZ decreased latency-to-sleep onset and increased the duration of sleep.  
(2) TZ caused no rebound insomnia as analyzed by EEG (delta waves, spindle count). In other words, EEG returned to baseline after TZ patients stopped taking the drug.  
(3) Some performance cognitive tests were affected at 1.5, 3, and 5 h, but not at 7.5 h.

**INDEX:** Triazolam - Acoustics, Vision, Psychology - Human

**AUTHORS:** Johnson, L.C. and Spinweber, C.L.

**TITLE:** Benzodiazepine Effects on Arousal Threshold During Sleep

**REFERENCE:** Naval Health Research Center, 1983, Report 83-17.

**DRUGS:** Flurazepam 30 mg  
Triazolam 0.5 mg

**SUBJECTS:** Human - 32

**PROCEDURES:** "Poor sleepers" in each group were given placebo for 6 or 7 nights, followed by the drug under consideration for 10 nights, followed by placebo for several withdrawal nights. Arousal thresholds were measured.

**FINDINGS:** Both drugs increased arousal threshold, particularly in the earlier periods of sleep. Benzodiazepines may not be of great use for inducing sleep in a noisy environment, but once sleep is well established, arousal by noise is more difficult.

**COMMENT:** Build up of long-acting drug metabolites does not appear to change thresholds for arousal.

**INDEX:** Benzodiazepines, Triazolam - Acoustics - Human

590

**AUTHORS:** Johnson, L.C., Spinweber, C.L., Seidel, W.F., and Dement, W.C.

**TITLE:** Sleep Spindle and Delta Changes During Chronic Use of a Short-acting and a Long-acting Benzodiazepine Hypnotic

**REFERENCE:** Electroencephalography and Clinical Neurophysiology, Vol. 55, pp. 662-667, 1983.

**DRUGS:** Triazolam 0.5 mg  
Flurazepam 30 mg

**SUBJECTS:** Human - 21

**PROCEDURES:** Diagnosed insomniacs were given 3 nights adaptation rest and 9 placebo nights. For the next 37 nights, 7 subjects each received placebo, flurazepam, or triazolam, followed by a 10-night placebo withdrawal period. All-night EEGs were recorded. Plasma analyses were recorded.

**FINDINGS:** Plasma levels accumulated with flurazepam but were undetectable with triazolam. By the sixth night, EEG spindle rates with both drugs increased. Upon withdrawal of the drug, both groups showed gradual return of the spindle rate to baseline. In both groups, EEG delta activity was decreased, but only late in the study. Both groups returned to baseline within 4 to 10 d.

**COMMENT:** This conflicts with other studies by the same authors (1981) where spindle rates returned to baseline immediately following withdrawal of triazolam.

**INDEX:** Triazolam, Benzodiazepines - Psychology, Vestibular - Human

600

**AUTHORS:** Juhl, R.P., Daugherty, V.M., and Kroboth, P.D.

**TITLE:** Incidence of Next-day Anterograde Amnesia Caused by Flurazepam Hydrochloride and Triazolam

**REFERENCE:** Clinical Pharmacy, Vol. 3, pp. 622-625, 1984.

**DRUGS:** Triazolam 0.125-0.50 mg  
Flurazepam 15-30 mg

**SUBJECTS:** Human - 54 (in hospital for at least 3 months)

**PROCEDURES:** Hospital-bed interviews with recall items. Stanford Sleepiness Scale used along with medical histories; administered at 8 a.m. with retest at 11 a.m.

**FINDINGS:** No memory impairment was reported with the use of triazolam (same as control). Significant memory impairment was noted with flurazepam. The amnestic effects seem to be related to patient drowsiness.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Kales, A. and Kales, J.D.

**TITLE:** Sleep Laboratory Studies of Hypnotic Drugs: Efficacy and Withdrawal Effects

**REFERENCE:** Journal of Clinical Psychopharmacology, Vol. 3, No. 2, pp. 140-150, 1983.

**DRUGS:** Flurazepam (FZ) 30 mg  
Triazolam (TZ) 0.5 mg  
Temazepam (TZP) 30 mg

**SUBJECTS:** Human - (insomnia patients)

**PROCEDURES:** Sleep studies.

**FINDINGS:** Although sleep was markedly improved on the first night of FZ administration, peak effectiveness did not occur until the second or third night. These data suggest that the short elimination half-life components of the drug contribute in a major way to both the drug's sleep induction and sleep-maintenance-promoting properties. With short-time TZ use, both sleep induction and sleep maintenance improved, with total awake time decreasing (45% from baseline) markedly. At the end of 2 weeks of drug use, none of the efficacy parameters were significantly increased above baseline levels, possibly indicating tolerance or rebound insomnia. Further, following drug withdrawal, sleep difficulty significantly increased above baseline levels. Similar conditions were produced with TZP.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Kales, A., Scharf, M.B., Kales, J.D., and Soldatos, C.R.

**TITLE:** Rebound Insomnia: A Potential Hazard Following Withdrawal of Certain Benzodiazepines

**REFERENCE:** Journal of the American Medical Association, Vol. 241, No. 16, pp. 1692-1693, 1979.

**DRUGS:** Triazolam (TZ) 0.5 mg, Nitrazepam (NZ) 0.5 and 10 mg, Flunitrazepam (FZ) 1 and 2 mg, Flurazepam (FZP) 30 mg, Diazepam (V) 5-20 mg

**SUBJECTS:** Human

**PROCEDURES:** Subjects were monitored by EEG and EOG. All EEG records were scored visually.

**FINDINGS:** Rebound insomnia, a worsening of sleep compared with baseline, occurred following withdrawal of TZ, NZ, and FZ after single nightly doses for short periods. The rebound insomnia was attributed to the short and intermediate half-lives of these drugs. Drugs V and FZP, which have longer half lives, did not cause rebound insomnia on withdrawal. Rebound insomnia may play a role in the development of hypnotic drug dependence with shorter-acting benzodiazepine drugs.

**INDEX:** Triazolam, Benzodiazepines - Vision, Psychology - Human

**AUTHORS:** Kales, A., Soldatos, C.R., Bixler, E.O., and Kales, J.D.  
**TITLE:** Early Morning Insomnia with Rapidly Eliminated Benzodiazepines  
**REFERENCE:** Science, Vol. 220, pp. 95-97, 1983.  
**DRUGS:** Midazolam (MZ) 20 mg  
Triazolam (TZ) 0.5 mg  
Flurazepam (FZP) 30 mg  
Quazepam (QZP) 30 mg  
**SUBJECTS:** Human (insomniacs)  
**PROCEDURES:** Monitoring by hypnopolygraphic recordings of an EEG, EMG, and EOG.  
**FINDINGS:** All four drugs decreased the time spent awake during the first 6 h of the night on each of the two sets of three consecutive drug nights. This effect was variable across drugs for the last 2 h of the night. Drugs MZ and TZ were less effective at decreasing mean awake time during the last 2 h of sleep than the longer acting FZP and QZP compounds.  
**COMMENT:** Because the vast majority of REM sleep occurs during the last 2 h of sleep, the above findings may be of considerable physiologic and performance concern.  
**INDEX:** Triazolam, Benzodiazepines - Psychology, Vision - Human

**AUTHORS:** Kamp, C.W. and Morgan, W.W.  
**TITLE:** Benzodiazepines Suppress the Light Response of Retinal Dopaminergic Neurons in Vivo  
**REFERENCE:** European Journal of Pharmacology, Vol. 77, pp. 343-346, 1982.  
**DRUGS:** Diazepam 76 mol/kg i.p.  
Flurazepam 0.5 or 1.0 mol/eyeball  
**SUBJECTS:** Rats - 32  
**PROCEDURES:** All rats were dark adapted: 16 were controls, and 16 were injected with diazepam. Thirty minutes later, half of each group was given a tyrosine hydroxyphase inhibitor, exposed to room light for 1 h, and sacrificed. Retinas were removed and frozen. Dopamine was then assayed.  
**FINDINGS:** (1) Results were consistent with a diazepam-mediated suppression of dopamine turnover.  
(2) Results were consistent with a flurazepam-mediated inhibition of light-enhanced dopamine synthesis.  
**COMMENT:** Findings may be relevant to visual-effects testing.  
**INDEX:** Benzodiazepines - Vision - Nonhuman

650

**AUTHORS:** Keighley, M.R.B., Gannon, M., Warlow, J., Jenkins, C.R.M., and Gammon, R.J.

**TITLE:** Evaluation of Single-dose Hypnotic Treatment Before Elective Operation

**REFERENCE:** British Medical Journal, Vol. 281, pp. 829-831, 1980.

**DRUGS:** Triazolam (TZ) 0.25 mg  
Flurazepam (FZP) 15 mg

**SUBJECTS:** Human - 96 (pre-op patients)

**PROCEDURES:** Patient questionnaire; a prospective, randomized, double-blind, controlled trial.

**FINDINGS:** The onset of sleep was delayed, and the duration of sleep was reduced in two-thirds of the patients taking the placebo compared with their normal sleep pattern. Both drugs significantly improved the duration and time of onset of sleep and reduced the frequency of awakenings when compared with the placebo. Patients who received TZ, however, fell asleep faster and woke less often than those receiving FZP. Furthermore, TZ patients appeared to have advantages over FZP patients before major surgery. The study promotes TZ as being safe and effective for use before major surgery.

**INDEX:** Triazolam, Benzodiazepines - Psychology, - Human

660

**AUTHORS:** Kroboth, P.D. and Juhl, R.P.

**TITLE:** Triazolam (Halcion, The Upjohn Company)

**REFERENCE:** Drug Intelligence and Clinical Pharmacy, Vol. 17, pp. 495-500, 1983.

**DRUGS:** Triazolam (TZ) 0.125-0.5 mg

**SUBJECTS:** N/A

**PROCEDURES:** Drug review or evaluation.

**FINDINGS:** The review discusses pharmacology, pharmacokinetics (absorption, distribution, metabolism, elimination, and serum concentrations), clinical studies (objective sleep evaluations, daytime psychomotor performance testing, as well as subjective evaluations and patient preferences, residual effects, and geriatric patients), toxicity, side effects and adverse reactions, drug interactions, dosage and administration, availability, and cost. The article presents a brief drug summary.

**COMMENT:** Most of the above information is not contained verbatim directly in the article, however, references are listed for the reader. It is an excellent overall review of the drug.

**INDEX:** Triazolam - Chemistry, Psychology - Human

**AUTHORS:** Kudo, Y.

**TITLE:** Hypnotic Effects of a Benzodiazepine Derivative: A Clinical Observation

**REFERENCE:** International Pharmacopsychiatry, Vol. 17, pp. 49-64, 1982.

**DRUGS:** Triazolam (TZ) 0.5 mg  
Nitrazepam (NZP) 5 mg

**SUBJECTS:** Patients (N = 268) diagnosed with psychoneurosis, depression, or schizophrenia, or borderline cases who complained of insomnia.

**PROCEDURES:** The following procedures were used: Global improvement rating (GIR), preference of the two drugs on a five-point scale by doctor and patient, and rating of side effects on a four-point scale. Evaluation of the laboratory findings and evaluation of the level of dependency were made by the doctor alone.

**FINDINGS:** Statistically significant differences were demonstrated in favor of TZ compared with NZP in many aspects of efficacy, but were not significantly different between TZ and NZP in the incidence of concomitant symptoms and side effects. The fact that a certain quantity of TZ is equivalent in strength to 10 times that quantity of NZP suggests the high potency of the former. These data indicate that TZ is a valuable sleep inducer, with highly rated efficacy and safety.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Kusaka, M., Horikawa, A., Meshi, T., and Maruyama, Y.

**TITLE:** Interaction of Triazolam with Desipramine

**REFERENCE:** Psychopharmacology, Vol. 70, pp. 255-261, 1980.

**DRUGS:** Triazolam (TM) 1 mg/kg, i.p.  
Desipramine (DM) 10 mg/kg, i.p.  
Pentobarbital

**SUBJECTS:** Rats - 24

**PROCEDURES:** Laboratory rats were injected with the listed drugs in both single and repeated doses to determine brain catecholamine levels, sleeping times, and muscle relaxation.

**FINDINGS:** "TM and DM given alone and in combination were synergistic with pentobarbital hypnosis."  
"Repeated treatment with DM alone repressed body weight gain."  
"TM induced muscle relaxation acutely, but was not affected by concomitant DM treatment."  
"TM and DM given in combination produced hypothermia,...but given separately did not."

**COMMENT:** Norepinephrine levels decreased when drugs were used in combination. Single drug effects are unclear.

**INDEX:** Triazolam - Nonhuman

**AUTHORS:** Ladimer, I.  
**TITLE:** Trials and Tribulations of Triazolam - A Commentary  
**REFERENCE:** Journal of Clinical Pharmacology, Vol. 20, No. 2-3, pp. 159-161, 1980.  
**DRUGS:** Triazolam  
**SUBJECTS:** N/A  
**PROCEDURES:** An editorial.  
**FINDINGS:** Triazolam appeared to be a useful and safe hypnotic until the observations of a Dutch psychiatrist, Dr. Loss Van der Kroef, appeared in an unrefereed publication. Van der Kroef described unusual adverse effects on eight of his patients. These effects ranged from no hypnotic effects to paranoia to hallucinations. This editorial questions the reliability of these findings, as disclosure of patient facts and interpretations were not given.  
**COMMENT:** An avid Dutch press may be partially responsible for the removal of triazolam from their market.  
**INDEX:** Triazolam - Vision, Acoustics, Vestibular, Psychology - Human

**AUTHORS:** Lasagna, L.  
**TITLE:** The Halcion Story: Trial by Media  
**REFERENCE:** Lancet, Vol. 1, No. 8172, pp. 815-816, 1980 (point of view); Lancet, Vol. 1, No. 8181, pp. 1304-1305, 1980 (letter to the editor).  
**DRUGS:** Triazolam (TZ) (Halcion)  
**SUBJECTS:** N/A  
**PROCEDURES:** Comment on the pharmaco-politico effects of flamboyant media coverage.  
**FINDINGS:** Triazolam "has been alleged to produce unique and serious adverse side effects on the central nervous system. In the Netherlands, television and newspaper coverage of reported side effects were followed by a temporary suspension of the drug there. The reported adverse reactions resemble those known to occur occasionally after use of older benzodiazepines and other central nervous system drugs. Whatever the final verdict on triazolam may be, there is reason to question whether regulatory decisions forced by flamboyant media coverage are in the public interest."  
**INDEX:** Triazolam - Psychology - Human



**AUTHORS:** Lingjaerde, O. and Bratlid, T.

**TITLE:** Triazolam (Halcion) Versus Flunitrazepam (Rohyphol) Against Midwinter Insomnia in Northern Norway

**REFERENCE:** Acta Psychiatrica Scandinavica, Vol. 64, pp. 260-269, 1981.

**DRUGS:** Triazolam (TZ) 0.25 mg  
Flunitrazepam (FZP) 1 mg

**SUBJECTS:** Human - 19

**PROCEDURES:** A double-blind crossover trial was used. Each drug was given for 5 nights in random order. Recorded sleep variables were sleep latency, number of awakenings, duration of sleep, quality of sleep, and feeling in the morning. These were quantified to provide an overall sleep evaluation score.

**FINDINGS:** No differences were found between TZ or FZP on any single variable. In addition, eight patients stated a preference for TZ and eight for FZP. Only three patients complained about side effects. Notably, the feeling of being alert and refreshed in the morning was significantly superior during active drug (TZ and FZP) periods as compared to the placebo periods.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Lipani, J.A.

**TITLE:** Preference Study of the Hypnotic Efficacy of Triazolam 0.125 mg Compared to Placebo in Geriatric Patients with Insomnia

**REFERENCE:** Current Therapeutic Research, Vol. 24, No. 4, pp. 397-402, 1978.

**DRUGS:** Triazolam 0.125 mg

**SUBJECTS:** Human - 42

**PROCEDURES:** A 2-night, double-blind crossover study of geriatric insomniacs was carried out. Subjects were questioned on triazolam efficacy and side effects.

**FINDINGS:** Triazolam was significantly better than the placebo in helping promote sleep, reducing latency, and improving morning alertness. Side effects reported were drowsiness, dizziness, headache, and stomach ache.

**COMMENT:** One of many subjective studies of sleep latency, quality, and duration.

**INDEX:** Triazolam - Psychology - Human

**AUTHORS:** MacLeod, N.

**TITLE:** Triazolam: Monitored Release in the United Kingdom

**REFERENCE:** British Journal of Clinical Pharmacology, Vol. 13, pp. 51S-53S, 1981.

**DRUGS:** Triazolam (TZ) 0.125-0.5 mg

**SUBJECTS:** Human - 3010

**PROCEDURES:** A monitored release for TZ was carried out in the U.K. during 1979. Each practitioner was provided with a questionnaire with yes and no response blanks.

**FINDINGS:** The majority of patients (71.3%) took 0.25 mg TZ, 24.1% took 0.125 mg, and only 4.4% took 0.5 mg TZ. The majority of patients (84.7%) reported an adequate night's sleep, and the overall incidence of side effects in patients taking the drug was 12.2%. Side effects most frequently reported were related to the central nervous system such as drowsiness, headache, dizziness, restlessness, tiredness, impaired coordination, giddiness, and some nightmares.

**INDEX:** Triazolam - Vestibular, Psychology - Human

**AUTHORS:** MacLeod, N. and Kratochvil, C.H.

**TITLE:** Behavioral Reactions to Triazolam

**REFERENCE:** Lancet, Vol. 2, No. 8143, pp. 638-639, 1978 (letter to the editor).

**DRUGS:** Triazolam (TZ)

**SUBJECTS:** N/A

**PROCEDURES:** N/A

**FINDINGS:** The behavioral side effects reported by Dr. van der Kroef (Sept. 8, p. 526) are contrary to the vast majority of data collected at that time. More than 8000 patients have received TZ in clinical trials throughout the world, which shows that TZ produces a lower incidence of such side effects as depression, confusion, nightmares, and concentration difficulties than does flurazepam.

**INDEX:** Triazolam - Psychology - Human

**AUTHORS:** Mamelak, M., Csima, A., and Price, V.

**TITLE:** A Comparative 25-night Sleep Laboratory Study on the Effects of Quazepam and Triazolam on Chronic Insomnia

**REFERENCE:** Journal of Clinical Pharmacology, Vol. 24, pp. 65-75, 1984.

**DRUGS:** Triazolam 0.5 mg  
Quazepam 30 mg

**SUBJECTS:** Human - 12 (insomniacs)

**PROCEDURES:** Drugs were administered double-blind; EEG sleep recordings were made and scored blind. The subjects were studied for 25 consecutive nights (15 nights in sleep lab). Recordings included baseline, early drug, intermediate drug, and early and late withdrawal.

**FINDINGS:** Both drugs were effective in improving sleep (objective and subjective). Triazolam increased REM latency but increased REM sleep during withdrawal. The article reports possible insomnia on the first day of withdrawal.

**COMMENT:** The chronic post-withdrawal insomnic effects of triazolam or quazepam were not supported.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Mattila, M.J.

**TITLE:** Interactions of Benzodiazepines on Psychomotor Skills

**REFERENCE:** British Journal of Clinical Pharmacology, Vol. 18, pp. 21S-26S, 1984.

**DRUGS:** Benzodiazepines (BZ)

**SUBJECTS:** N/A

**PROCEDURES:** Review article

**FINDINGS:** Sufficiently high doses of alcohol enhance BZ effects by altered binding of BZ to plasma proteins or other receptor sites. Reports of this occurrence are few, thus, alcohol may not appreciably affect BZ effects. Caffeine counteracts the effects BZ has on performance, amphetamines counteract BZ selectively, and new stimulant antidepressants counteract BZ central antimuscarinic effects, that is, BZ reduction of memory.

**INDEX:** Benzodiazepines, Triazolam, Alcohol, Caffeine - Psychology - Human

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**AUTHORS:** Mattmann, P., Loepfe, M., Scheitlin, T., Schmidlin, D., Gerne, M., Strauch, I., Lehmann, D., and Borbely, A.A.

**TITLE:** Daytime Residual Effects and Motor Activity After Three Benzodiazepine Hypnotics

**REFERENCE:** Arzneimittel-Forschung Drug Research, Vol. 32, No. 1, pp. 461-465, 1982.

**DRUGS:** Triazolam (TM) 0.25, 0.5, 1.0 mg  
Nitrazepam (NM) 10 mg  
Flunitrazepam (FM) 2.0 mg

**SUBJECTS:** Human - 18

**PROCEDURES:** Double-blind crossover design was used. Normal subjects were given the drug, followed by 8 h sleep. Sleepiness following the sleep period was checked by EEG, EMG, and EOG continuous recording. Motor activity, self and investigator ratings, and digit cancellation tests were performed.

**FINDINGS:** (1) No significant differences in sleep latency were noted. (2) Nighttime motor activity was significantly decreased over placebo but not by one drug more than another. (3) Daytime motor activity was reduced with all drugs except TM (0.25-mg). (4) Residual effects were noted with all three drugs but were significantly reduced with 0.25-mg TM.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

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**AUTHORS:** Mitler, M.M., Seidel, W.F., Van den Hoed, J., Greenblatt, D.J., and Dement, W.C.

**TITLE:** Comparative Hypnotic Effects of Flurazepam, Triazolam, and Placebo: A Long-term Simultaneous Nighttime and Daytime Study

**REFERENCE:** Journal of Clinical Psychopharmacology, Vol. 1, pp. 2-13, 1984.

**DRUGS:** Flurazepam (FZP) 30 mg; Triazolam (TZ) 0.5 mg

**SUBJECTS:** Twenty-one patients with either a primary or secondary diagnosis of psychophysiological insomnia or insomnia associated with personality disorder.

**PROCEDURES:** Performance testing was done in five 1-h sessions. The battery of tests included the Digit Symbol Substitution Test, Wilkinson Addition Test, and a combined Target Pursuit and Divided Attention Test. The Multiple Sleep Latency Test was given seven times throughout the day.

**FINDINGS:** Results generally confirm the hypnotic efficacy of both FZP and TZ. At the third week, FZP showed some decreased efficacy, whereas TZ showed no indication of reduced effect even after 5 weeks. Pervasive deterioration in sleep occurred immediately after discontinuation of TZ. A trend occurred toward increased, rather than decreased, alertness for the TZ group. ~~Because~~ of large variability the fact that two TZ subjects had extremely long baseline sleep latencies. This trend did not reach statistical significance. Triazolam tended to improve performance, whereas FZP tended to reduce it.

**INDEX:** Triazolam, Benzodiazepines - Psychology, Vision - Human

**AUTHORS:** Monti, J.M.

**TITLE:** Sleep Laboratory and Clinical Studies of the Effects of Triazolam, Flunitrazepam, and Flurazepam in Insomniac Patients

**REFERENCE:** Methods and Findings of Experimental Clinical Pharmacology, Vol. 3, No. 5, pp. 303-326, 1981.

**DRUGS:** Triazolam (TM)  
Flunitrazepam (FTM)  
Flurazepam (FM)

**SUBJECTS:** Human

**PROCEDURES:** Review article.

**FINDINGS:** All three compounds, whether short acting (TM), intermediate-acting (FTM), or long-acting (FM), decreased slow wave activity on the EEG.

**COMMENT:** This document contains a review of literature summarizing definitions of insomnia and discussing the sleep quality in various age groups, and a discussion of the effects of eight categories of benzodiazepines in short- and long-term use for insomnia.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Morgan, K., Adam, K., and Oswald, I.

**TITLE:** Effects of Loprazolam and Triazolam on Psychological Function

**REFERENCE:** Psychopharmacology, Vol. 82, pp. 386-388, 1984.

**DRUGS:** Triazolam (TZ) 0.5 mg  
Loprazolam (LPM) 0.5 - 1.0 mg

**SUBJECTS:** Human - 12

**PROCEDURES:** Double-blind drug administration with the following tests: auditory vigilance, manual dexterity, digit symbol substitution, and card sorting.

**FINDINGS:** A marginal sleep withdrawal effect was noted with use of TZ. A sleep withdrawal effect also occurred with LZ (1.0 mg). A marginal decrement in manual dexterity test was reported with use of TZ (no data presented).

**INDEX:** Triazolam, Benzodiazepines - Psychology, Acoustics - Human

**AUTHORS:** Morgan, K. and Oswald, I.  
**TITLE:** Anxiety Caused by a Short-life Hypnotic  
**REFERENCE:** British Medical Journal, Vol. 284, p. 1785, 1982.  
**DRUGS:** Triazolam (TZ) 0.5 mg  
Lorprazolam (LZ) 1 mg  
**SUBJECTS:** Human - 21 patients (16 women and 5 men) who were classed as poor sleepers.  
**PROCEDURES:** Each evening, the patients used visual analogue scales to rate how anxious they felt that day.  
**FINDINGS:** Taken at night, LZ was associated with a mean decrease of daytime anxiety; TZ increased anxiety. In their conclusions, the authors assumed that a large dose of TZ each evening was rapidly metabolized but led to a daytime rebound of anxiety. They also felt that a 1-mg dose of TZ might even produce paranoid thinking.  
**INDEX:** Benzodiazepines - Psychology - Human

**AUTHORS:** Muzet, A., Johnson, L.C., and Spinweber, C.L.  
**TITLE:** Benzodiazepine Hypnotics Increase Heart Rate During Sleep  
**REFERENCE:** Naval Health Research Center, 1981, Report 81-16.  
**DRUGS:** Triazolam 0.5 mg  
Flurazepam 30 mg  
**SUBJECTS:** Human - 20  
**PROCEDURES:** Subjects who were considered "poor sleepers" (45 min sleep latency for at least 6 months) received placebo for 3 nights; 10 received given the hypnotic and 10 the placebo for 6 nights; and all received the placebo for 2 withdrawal nights. Electrocardiograms were recorded.  
**FINDINGS:** Both drugs elicited significant elevations in heart rate, but by the third day, triazolam-subject heart rates were not significantly different from baseline.  
**COMMENT:** Intravenous administration of these drugs has produced similar findings. There appear to be peripheral effects as well as central sedative effects.  
**INDEX:** Triazolam, Benzodiazepines - Biomedical - Human

**AUTHORS:** Nakamura, M. and Fukushima, H.

**TITLE:** Effect of Benzodiazepines on Central Serotonergic Neuron Systems

**REFERENCE:** Psychopharmacology, Vol. 53, pp. 121-126, 1977.

**DRUGS:** Diazepam  
Fludiazepam

**SUBJECTS:** Mice - 30

**PROCEDURES:** Intracerebral injection of serotonin induces head twitching in a dose-dependent manner. Benzodiazepines were introduced and twitch differences measured.

**FINDINGS:** "Benzodiazepines failed to change the uptake of serotonin into the postsynaptosomal fractions from the rat brain." "...the pharmacological action of benzodiazepines is derived at least in part from their activating effect on serotonin receptors."

**INDEX:** Benzodiazepines - Psychology, Vestibular, Vision, Acoustics - Nonhuman

**AUTHORS:** Nicholson, A.N.

**TITLE:** Performance Studies with Diazepam and its Hydroxylated Metabolites

**REFERENCE:** British Journal of Clinical Pharmacology, 1979, Vol. 8, pp. 398-428, 1979.

**DRUGS:** Flurazepam (FM) 30 mg  
Nitrazepam (NM) 10 mg  
Diazepam (DM) 5, 10 mg  
Temazepam (TM) 10, 20, 30 mg  
Oxazepam (OM) 15, 30, 45 mg

**SUBJECTS:** Human - unspecified numbers

**PROCEDURES:** An adaptive tracking and a visuo-motor task were used.

**FINDINGS:** Effects of overnight ingestion on performance were:  
FM 30 mg - impaired at 16 h  
NM 10 mg - impaired at 19 h  
DM 5 and 10 mg - not impaired  
TM 10, 20, 30 mg - not impaired  
OM 15, 30 mg - not impaired  
OM 45 mg - impaired at 10 h

**INDEX:** Benzodiazepines, Temazepam - Vision, Vestibular - Human

**AUTHORS:** Nicholson, A.N.  
**TITLE:** Hypnotics: Rebound Insomnia and Residual Sequelae  
**REFERENCE:** British Journal of Clinical Pharmacology, Vol. 9, pp. 223-225, 1980 (editorial).  
**DRUGS:** Benzodiazepines in general  
**SUBJECTS:** N/A  
**PROCEDURES:** N/A  
**FINDINGS:** Reviews literature supporting and literature refuting the existence of rebound insomnia due to short-acting benzodiazepines (i.e., Triazolam). The author concludes: "There is no reason to believe that the proper use of short-acting hypnotics is detrimental to sleep, either during treatment or on withdrawal, and they maintain their effectiveness over periods of time sufficient for day-to-day clinical practice."  
**INDEX:** Triazolam, Benzodiazepines - Psychology, - Human

**AUTHORS:** Nicholson, A.N.  
**TITLE:** The Use of Short- and Long-acting Hypnotics in Clinical Medicine  
**REFERENCE:** British Journal of Clinical Pharmacology, Vol. 11, pp. 61S-69S, 1981.  
**DRUGS:** Benzodiazepines  
**SUBJECTS:** N/A  
**PROCEDURE:** Review article  
**FINDINGS:** "Hypnotics in which individual elimination half lives do not exceed 24-h are much less likely to lead to impaired performance." Residual impairment of performance has been shown to be significant in long-acting drugs; however, short-acting drugs, including diazepam 10 mg, had little residual effect even a few hours after ingestion.  
**COMMENT:** The quality and effectiveness of benzodiazepines on sleep is also addressed.  
**INDEX:** Triazolam, Benzodiazepines - Vision, Vestibular, Acoustics, Psychology - Human



**AUTHORS:** Nicholson, A.N.  
**TITLE:** Hypnotics and Air Operations  
**REFERENCE:** Defense Technical Information Center, Report AD P002989,  
Feb 1984, pp. 15-1-15-8.  
**DRUGS:** Benzodiazepines  
**SUBJECTS:** None listed  
**PROCEDURES:** A review.  
**FINDINGS:** Diazepam should not be used more than once in 48 h or more than twice a week. Triazolam and brotizolam may be used daily if essential. All should be given at the lowest dose possible and as infrequently as possible. A 24-h drug-free period should be allowed before starting duty, and may be reduced to 12 h if supervised.  
**INDEX:** Triazolam, Benzodiazepines - Psychology, Vestibular, Vision, Acoustics, - Human

**AUTHORS:** Nicholson, A.N., Roth, T., and Stone, B.M.  
**TITLE:** Hypnotics and Aircrew  
**REFERENCE:** Aviation, Space, and Environmental Medicine, Vol. 56, pp. 299-  
303, 1985.  
**DRUGS:** Benzodiazepines and other hypnotics  
**SUBJECTS:** N/A  
**PROCEDURES:** Symposium presentation.  
**FINDINGS:** Chronic drug therapy may lead to unwanted effects, whereas simple doses may not. Short half-life drugs are much safer for use in flying duties. Over the age of 45, aviators may require higher doses for effect and thereby increase the risk of adverse effects on performance.  
**INDEX:** Triazolam, Benzodiazepines - Vision, Acoustics, Vestibular, Biomedical, Psychology - Human

- AUTHORS:** Nicholson, A.N. and Stone, B.M.
- TITLE:** Activity of the Hypnotics, Flunitrazepam and Triazolam in Man
- REFERENCE:** British Journal of Clinical Pharmacology, Vol. 9, pp. 187-194, 1980.
- DRUGS:** Triazolam 0.25 and 0.50 mg  
Flunitrazepam 0.25 and 0.50 mg
- SUBJECTS:** Humans - 6 normal noninsomniacs (age 20-30 years)
- PROCEDURES:** Patients were alcohol-free for 12 h, caffeine free for 1 wk, and did not have daytime naps. Sleep patterns were analyzed by EEGs and performance evaluated by visuomotor coordination. Study time consisted of 2 weeks of performance, measured from 1/2 h to 6 1/2 h after drug or placebo administration. During the following 6-week period, subjects received 0.25 or 0.5 mg triazolam or flunitrazepam.
- FINDINGS:** (1) The drugs had no effect on sleep latency.  
(2) Triazolam (0.25 mg) decreased REM sleep the first 6 h but not total sleep time. It had no effect on daytime performance, except when drug was administered during the day.  
(3) Triazolam (0.5 mg) produced the same effect on REM sleep as 0.25 mg and increased latency to REM sleep but decreased performance 10 h after ingestion, with no effect after 12 h.
- INDEX:** Triazolam, Benzodiazepines - Vision, Psychology - Human

- AUTHORS:** Nicholson, A.N., Stone, B.M., and Pascoe, P.A.
- TITLE:** Efficacy of Some Benzodiazepines for Daytime Sleep
- REFERENCE:** British Journal of Clinical Pharmacology, Vol. 10, pp. 459-463, 1980.
- DRUGS:** Flunitrazepam (FM) 0.25 - 0.50 mg  
Brotizolam (BM) 0.3 - 0.6 mg  
Triazolam (TM) 0.25 - 0.50 mg
- SUBJECTS:** Human - 6
- PROCEDURES:** Healthy subjects' EEGs, EMGs, and EOGs were recorded during daytime sleep.
- FINDINGS:** "All three drugs improved daytime sleep."  
"...suggest that FM may be particularly appropriate for sleep at unusual times."
- INDEX:** Triazolam, Benzodiazepines - Psychology, Vestibular, Vision - Human

**AUTHORS:** Nicholson, A.N., Stone, B.M., and Spencer, M.B.

**TITLE:** Anxiety Caused by a Short-life Hypnotic

**REFERENCE:** British Medical Journal, Vol. 284, p. 1785, 1982 (letter to the editor).

**DRUGS:** Triazolam  
Loprazolam

**SUBJECTS:** N/A

**PROCEDURES:** Letter to the editor.

**FINDINGS:** "A reasonable interpretation of the data, despite its shortcomings in design and analysis, is more likely to be that triazolam may lead to daytime anxiety only when unnecessarily high doses are given for unnecessarily long periods of time."

**COMMENT:** The letter is in response to a previous investigation that reported anxiety was produced by triazolam at a dose of 0.5 mg. The letter asserts that this was probably because this dose is twice that recommended for clinical use in the United Kingdom.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Novack, G.D. and Owenburg, K.M.

**TITLE:** Flurazepam and Triazolam: Dose-response and Time-response Evaluation on Cat Sleep

**REFERENCE:** Electroencephalography and Clinical Neurophysiology, Vol. 57, pp. 277-288, 1984.

**DRUGS:** Flurazepam (FZP) 1.25, 2.5, and 5.0 mg/kg, i.p.  
Triazolam (TZ) 0.01, 0.025, and 0.05 mg/kg, i.p.

**SUBJECTS:** Female cats (3-4 kg)

**PROCEDURES:** Stereotactically implanted depth electrodes (dorsal hippocampus and mesencephalic reticular formation) and cortical electrodes (bilateral suprasylvian gyri and frontal ground). Single- and multiple-dose procedures. Continuous 24-72 h recordings.

**FINDINGS:** Both of the benzodiazepines depressed the reticular activating system by up to 50% in a dose-related fashion. Flurazepam was effective for 72 h or more; TZ for 24-48 h. Also, FZP was much longer lasting than TZ when administered for 3 days at 24-h intervals. The single- and multiple-dose experiments were conducted to evaluate the procedure for clinical applicability as an animal model of sedative-hypnotic activity.

**INDEX:** Triazolam, Benzodiazepines - Psychology, Vestibular - Nonhuman

930

**AUTHORS:** Ochs, H.R., Greenblatt, D.J., Arendt, R.M., Hubbel, W., and Shader, I.

**TITLE:** Pharmacokinetic Noninteraction of Triazolam and Ethanol

**REFERENCE:** Journal of Clinical Psychopharmacology, Vol. 4, No. 2, pp. 106-107, 1984.

**DRUGS:** Triazolam 0.5 mg  
Ethanol (60 ml vodka)

**SUBJECTS:** Human - 5

**PROCEDURES:** A two-way crossover study, which measured serum concentrations.

**FINDINGS:** Alcohol did not inhibit absorption of triazolam or interfere with its metabolic clearance. "Uncontrolled observations indicated that the combination of triazolam and ethanol produced greater central depression than did triazolam measured alone."

**INDEX:** Triazolam, Alcohol - Chemistry, - Human

940

**AUTHORS:** Ogura, C., Nakazawa, K., Majima, K., Nakamura, K., Ueda, H., Umezawa, Y., and Wardell, W.M.

**TITLE:** Residual Effects of Hypnotics: Triazolam, Flurazepam, and Nitrazepam

**REFERENCE:** Psychopharmacology, Vol. 68, pp. 61-65, 1980.

**DRUGS:** Triazolam (TZ) 0.25 and 0.5 mg  
Flurazepam (FZP) 15 and 30 mg  
Nitrazepam (NZP) 5 and 10 mg

**SUBJECTS:** Human - 16 healthy volunteers (8 men and 8 women)

**PROCEDURES:** Sleep and day recordings of EEG, EMG, and EOG.

**FINDINGS:** Flurazepam and NZP caused residual effects in the morning, afternoon, and evening recording periods the following day. Except for a slight amount in the morning, TZ caused no residual effects the next day.

**COMMENT:** Data from a 24 h polygram are quantified and presented to indicate the usefulness of polygraphy in evaluating hypnotic drugs.

**INDEX:** Triazolam, Benzodiazepines - Psychology, Vision - Human

**AUTHORS:** Okawa, K.K. and Allen, G.S.

**TITLE:** A Clinical Comparison of Triazolam with Placebo and with Secobarbital in Insomniac Patients

**REFERENCE:** Journal of International Medical Research, Vol. 6, pp. 343-347, 1978.

**DRUGS:** Triazolam (TZ) 0.5 mg  
Secobarbital (SB) 100 mg

**SUBJECTS:** Human - 76 (outpatient insomniacs)

**PROCEDURES:** Three different 2-night double-blind crossover trials were carried out. Results were gathered from a patient questionnaire.

**FINDINGS:** Triazolam was reported to be more preferred and more effective than secobarbital in the treatment of insomnia. No differences were reported between drug treatments with regard to patient's feeling of alertness the next morning.

**INDEX:** Triazolam - Vestibular, Psychology - Human

**AUTHORS:** Oswald, I. and Adam, K.

**TITLE:** Benzodiazepines Cause Small Loss of Body Weight

**REFERENCE:** British Medical Journal, Vol. 281, No. 6247, pp. 1039-1040, 1980.

**DRUGS:** Nitrazepam (NZP) 5 mg  
Lormetazepam (LZPm) 2 mg

**SUBJECTS:** Humans - 97 volunteers aged 40-68, all complaining of poor sleep

**PROCEDURES:** The assigning of subjects to treatment was double-blind and evenly distributed in a semi-random design.

**FINDINGS:** Taking placebo, 12 subjects gained weight and 13 lost. With NZP, 4 gained, 3 were unchanged, and 18 lost weight. On LZPm, 9 gained, 3 were unchanged, and 35 lost weight. Weight loss for both benzodiazepines was significant.

**INDEX:** Benzodiazepines - Human

**AUTHORS:** Pakes, G.E., Brogden, R.N., Heel, R.C., Speight, T.M., and Avery, G.S.

**TITLE:** Triazolam: A Review of its Pharmacological Properties and Therapeutic Efficacy in Patients with Insomnia

**REFERENCE:** Drugs, Vol. 22, pp. 80-110, 1981.

**DRUGS:** Triazolam (TZ)

**SUBJECTS:** N/A

**PROCEDURES:** Review article.

**FINDINGS:** SIDE EFFECTS: Threefold more residual drowsiness the following morning, dizziness, and dry mouth (at doses 2-4 times clinical). Reports of serious adverse psychological disturbances are presented, which caused the Dutch drug registry to temporarily suspend the sale of TZ. Most of these reports were anecdotal and did not clearly indicate dosage or length of use; other drugs represented confounding variables.

**INDEX:** Triazolam - Psychology - Human

**AUTHORS:** Pegram, V., Hyde, P., and Linton, P.

**TITLE:** Chronic Use of Triazolam: The Effects on the Sleep Patterns of Insomniacs

**REFERENCE:** Journal of International Medical Research, Vol. 8, pp. 224-231, 1980.

**DRUGS:** Triazolam (TZ) 0.5 mg

**SUBJECTS:** Human - 6 healthy subjects, ages 41-58 (5 females and 1 male).

**PROCEDURES:** Objective sleep variables were scored blind by the standard Rechtschaffen and Kales criteria for scoring the EEG/EMG/EOG. Subjective evaluations were also included.

**FINDINGS:** Acute and chronic TZ administration effectively decreased total wake time and sleep latency, and increased the quality and quantity of sleep. Sleep stages 1 and 2 were significantly altered by the drug but in a positive direction; REM sleep was not significantly changed. Three weeks of TZ usage did not result in tolerance to its hypnotic effects.

**INDEX:** Triazolam - Psychology - Human

**AUTHORS:** Poldinger, W., Sastre-y-Hernandez, M., and Fichte, K.  
**TITLE:** Study with Lormetazepam as a Hypnotic in General Practice  
**REFERENCE:** Neuropsychobiology, Vol. 9, No. 2-3), pp. 135-138, 1983.  
**DRUGS:** Triazolam (TZ) 0.5 mg  
Lormetazepam (LZPm) 0.5 mg  
**SUBJECTS:** Human - 100 patients suffering some form of sleep disturbance  
**PROCEDURES:** Data recordings by the investigator were carried-out twice using a standardized evaluation sheet, once at the beginning and once at the end of treatment.  
**FINDINGS:** Both medications were reported as effective sleep treatments, with TZ being superior overall. The side effects of TZ by case were vertigo (3), headache (1), vomiting (1), disturbances in concentration (2), itching (1), tachycardia (1), tiredness (6), hangover (2), and dyskinesia (1). The side effects recorded for LZPm were headache (1), drowsiness (2), agitation (1), frequent dreams (1), a feeling of finger thickening (1), and tired eyes (1).  
**INDEX:** Triazolam, Benzodiazepines - Psychology, Vestibular - Human

**AUTHORS:** Purpura, R.P.  
**TITLE:** Approaches in the Evaluation of Hypnotics: Studies with Triazolam  
**REFERENCE:** British Journal of Pharmacology, Vol. 11, pp. 37S-42S, 1981.  
**DRUGS:** Triazolam (TZ)  
**SUBJECTS:** N/A  
**PROCEDURES:** A review of various approaches to research evaluation of triazolam.  
**FINDINGS:** Initial Phase III studies assessed the overall effectiveness of TZ with other drugs used to treat insomnia. The preference technique (patient and physician) is discussed as being one of the most sensitive and effective methods for evaluating short-term efficacy. Studies or evaluations done in conjunction with presurgical patients, hospitalized patients with a variety of illnesses, geriatric patients, mental patients, sleep laboratory, and performance studies, et cetera, are discussed.  
**INDEX:** Triazolam - Psychology - Human

**AUTHORS:** Rickels, K.

**TITLE:** Clinical Trials of Hypnotics

**REFERENCE:** Journal of Clinical Psychopharmacology, Vol. 3, No. 2, pp. 133-139, 1983.

**DRUGS:** Flurazepam (FZP)  
Temazepam (TZP)  
Triazolam (TZ)

**SUBJECTS:** N/A

**PROCEDURES:** Review article.

**FINDINGS:** The long half-life drug FZP and the short half-life drug TZ produced similar results in terms of clinical improvement and adverse effects when equivalent dosages were administered. In the present U.S. formulation, TZP appeared to be less effective in sleep latency than the other two compounds. In general, long half-life drugs have a tendency to produce more performance deficits and hangover the following morning than short half-life drugs when used in equivalent dosages. Adverse effects and performance deficits are more dose-related than half-life related.

**INDEX:** Triazolam, Benzodiazepines, Temazepam - Psychology - Human

**AUTHORS:** Rickels, K., Gingrich, R.L., Morris, R.J., Rosenfeld, H., Perloff, M.M., Clark, E.L., and Schilling, A.

**TITLE:** Triazolam Insomniac Family Practice Patients

**REFERENCE:** Clinical Pharmacology and Therapeutics, Vol. 18, No. 3, pp. 315-324, 1975.

**DRUGS:** Triazolam 0.5 mg  
Secobarbital 100 mg

**SUBJECTS:** Human - 100

**PROCEDURES:** A 7-d double-blind study was conducted to compare triazolam and secobarbital. Onset, duration, quality, and residual sleepiness were measured by a symptom checklist and the Clyde Mood Scale.

**FINDINGS:** Residual sedation with triazolam was more marked than with secobarbital or placebo. Triazolam was preferred over secobarbital by the patients. Triazolam effected a greater reduction in emotional symptoms and was considered an important factor in influencing the response of insomnia to the agent.

**INDEX:** Triazolam - Psychology - Human



**AUTHORS:** Roehrs, T., Zorick, F.J., Sickelsteel, J.M., Wittig, R.M., Hartse, K.M., and Roth, T.

**TITLE:** Effects of Hypnotics on Memory

**REFERENCE:** Journal of Clinical Pharmacology, Vol. 3, No. 5, pp. 310-313, 1983.

**DRUGS:** Triazolam (TZ) 0.25 and 0.50 mg  
Lorazepam (LZP) 4 mg  
Flurazepam (FZP) 30 mg  
Secobarbital (SB) 200 mg

**SUBJECTS:** Humans - 12 healthy male volunteers (21-30 years old)

**PROCEDURES:** Drugs were administered for 6 consecutive nights to each subject in a modified repeated measure, double-blind, latin square design. In the morning, each subject was tested for recall of 16 items presented during nighttime awakenings.

**FINDINGS:** With repeated administration of the longer acting FZP, the amnesic effect increased; while repeated administration of the shorter acting drugs, TZ and LZP, did not worsen this effect.

**COMMENT:** This study confirms the findings of previous studies, which indicated that some BZ possess anterograde amnesic properties. It also provides evidence that the drug-induced amnesia results from a disruption of the memory consolidation process.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Roth, T., Hartse, K.M., Saab, P.G., Piccione, P.M., and Kramer, M.

**TITLE:** The Effects of Flurazepam, Lorazepam, and Triazolam on Sleep and Memory

**REFERENCE:** Psychopharmacology, Vol. 70, pp. 231-237, 1980.

**DRUGS:** Flurazepam (FM) 30 mg  
Lorazepam (LM) 4 mg  
Triazolam (TM) 0.5 mg

**SUBJECTS:** Human - 11

**PROCEDURES:** A double-blind administration, 2 nights per week, was used for 4 weeks; EEG, EMG, and EOG were recorded. Recall tasks were presented on awakening.

**FINDINGS:** "Each drug decreased stage 1, increased stage 2, and had no effect on stage 3-4 sleep."...."Post drug recall was significantly decreased in comparison to placebo at night and further decreased in the morning."

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Roth, T., Kramer, M., and Lutz, T.

**TITLE:** Intermediate Use of Triazolam: A Sleep Laboratory Study

**REFERENCE:** Journal of International Medical Research, Vol. 4, pp. 59-63, 1976.

**DRUGS:** Triazolam (TZ) 0.5 mg

**SUBJECTS:** Human - 8 (insomniacs)

**PROCEDURES:** A double-blind study over 22 consecutive nights. Continuous EEG, EOG, and EMG were recorded. The Clyde Mood Scale was administered before and after sleep; a checklist of subjective side effects was also given.

**FINDINGS:** Triazolam produced a marked reduction in sleep latency and was effective in sleep maintenance. Stage 2 sleep increased with no effect on other stages. "Triazolam showed no systemic effects on pre or post sleep Clyde Mood Scale." Side effects were noted in seven out of eight patients; the most common being dry mouth. Mild residual drowsiness was reported by nearly half of the patients.

**INDEX:** Triazolam - Psychology - Human

**AUTHORS:** Roth, T., Kramer, M., and Schwartz, J.

**TITLE:** Triazolam: A Sleep Laboratory Study of a New Benzodiazepine Hypnotic

**REFERENCE:** Current Therapeutic Research, Vol. 16, No. 2, pp. 117-123, 1974.

**DRUGS:** Triazolam (TM) 0.25, 0.5 and 1.0 mg

**SUBJECTS:** Humans - 12 normal subjects

**PROCEDURE** Total test time was 9 nights: days 1 and 2 = lab adaptation; days 3 and 4 = baseline data; days 5, 6, and 7 = drug treatment; and days 8 and 9 = recovery. Examined EEG sleep and subjective evaluations by volunteers.

**FINDINGS:** Because of the limited number of subjects in each group, statistical analysis was not performed at each dose level. Results were as follows: (1) TZ decreased sleep latency; (2) TZ increased stage II sleep duration; (3) TZ initially decreased REM sleep, but REM later returned to normal; (4) rebound insomnia did not occur; and (5) relatively few side effects were reported.

**INDEX:** Triazolam - Psychology - Human

**AUTHORS:** Roth, T., Roehrs, T., Wittig, R., and Zorick, F.J.  
**TITLE:** Benzodiazepines and Memory  
**REFERENCE:** British Journal of Clinical Pharmacology, Vol. 18, pp. 435-498, 1984.  
**DRUGS:** Triazolam (TM) 0.25 and 0.50 mg  
Flurazepam (FM) 30 mg  
**SUBJECTS:** N/A  
**PROCEDURES:** A 16 item-recall lottery test was used 3 h post drug administration. Recall was also tested in the morning, 8 h post drug administration.  
**FINDINGS:** Flurazepam buildup (chronic) increased anterograde amnesic effects. Sleep was more important in the development of a recall block than the drug (consolidation time was important in memory improvement).  
**INDEX:** Triazolam, Benzodiazepine - Psychology - Human

**AUTHORS:** Roth, T., Roehrs, T.A., and Zorick, F.J.  
**TITLE:** Pharmacology and Hypnotic Efficacy of Triazolam  
**REFERENCE:** Pharmacotherapy, Vol. 3, No. 3, pp. 137-145, 1983.  
**DRUGS:** Triazolam  
**SUBJECTS:** N/A  
**PROCEDURES:** Review article.  
**FINDINGS:** The review discusses the following aspects of triazolam: chemical and physical properties, preparations and dosage, pharmacokinetics, animal pharmacology, hypnotic efficacy, safety, side effects, and paradoxical reactions.  
**INDEX:** Triazolam - Psychology - Human and Nonhuman

**AUTHORS:** Roth, T., Zorich, F., Sickelsteel, J., and Stepauski, E.  
**TITLE:** Effect of Benzodiazepines on Sleep and Wakefulness  
**REFERENCE:** British Journal Clinical Pharmacology, Vol. 11, pp. 31S-35S, 1981.  
**DRUGS:** Estazolam 2 mg (n = 9)  
Triazolam 0.5 mg (n = 8)  
Flurazepam 15 mg (n = 9)  
**SUBJECTS:** N/A  
**PROCEDURES:** Review article.  
**FINDINGS:** Various effects of short- and long-acting benzodiazepines on sleep factors and working behavior are presented. Particular emphasis is placed on hypnotic efficacy and the effects on the nature of sleep and daytime performance.  
**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

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**AUTHORS:** Safran, A.B., Walser, A., Gauthier, G., and Roth, A.  
**TITLE:** Influence of Central Depressant Drugs on Pupil Function: An Evaluation with the Pupil Cycle Induction Test  
**REFERENCE:** Ophthalmologica, Basel, Vol. 183, pp. 214-219, 1981.  
**DRUGS:** Numerous benzodiazepines and barbiturates at several dose levels  
**SUBJECTS:** Human - 30  
**PROCEDURES:** The pupil cycle induction test (PCIT) was used to measure light-induced pupil oscillations. Decreased response was considered as evidence of anterior visual pathway disturbance.  
**FINDINGS:** Forty-two of the 60 tested eyes demonstrated alterations on the PCIT.  
**COMMENT:** Although depressant drugs appeared to produce alterations in PCIT, dose-effect correlations were not made.  
**INDEX:** Triazolam, Benzodiazepines - Vision - Human

1100

**AUTHORS:** Scherschlicht, R. and Marias, J.

**TITLE:** Effects of Oral and Intravenous Midazolam, Triazolam and Flunitrazepam on the Sleep-wakefulness Cycle of Rabbits

**REFERENCE:** British Journal of Clinical Pharmacology, Vol. 16, pp. 29S-35S, 1983.

**DRUGS:** Midazolam (MM) 1 and 10 mg/kg, i.v. and p.o.  
Triazolam (TM) 0.01 and 0.1 mg/kg, i.v. and p.o.  
Flunitrazepam (FM) 0.1 and 1 mg/kg, i.v. and p.o.

**SUBJECTS:** 36 - rabbits

**PROCEDURES:** Electrodes were implanted on the sensorimotor cortex and the dorsal hippocampus. Muscle electrodes were implanted in the neck, ear, and eyelid musculature. Both REM and non-REM sleep were recorded for 6 h while subjects were under the influence of drugs at various doses.

**FINDINGS:** (1) At high and low doses, all three drugs affected the sleep wakefulness cycles. (2) The dose-related increase in total sleep time was mainly due to an increase in non-REM sleep. (3) Flunitrazepam had a longer duration of action.

**INDEX:** Triazolam, Benzodiazepines - Vision, Vestibular, Psychology - Nonhuman

**AUTHORS:** Seidel, W.F., Roth, T., Roehrs, T., Zorick, F., and Dement, W.C.

**TITLE:** Treatment of a 12-hour Shift of Sleep Schedule with Benzodiazepines

**REFERENCE:** Science, Vol. 224, pp. 1262-1264, 1984.

**DRUGS:** Triazolam (TZ) 0.5 mg  
Flurazepam (FZP) 30 mg

**SUBJECTS:** TZ (6 males and 2 females, 21-30 years old)  
FZP (7 males and 1 female, 20-30 years old)

**PROCEDURES:** EEG, EMG, and EOG.

**FINDINGS:** After two baseline 24-h periods, the subjects' sleep was postponed until noon the next day. For the following three 24-h periods, subjects were in bed from 1200 to 2000 and received TZ, FZP, or placebo at bedtime in parallel groups. Placebo subjects showed significant sleep loss after the shift. Active medication reversed this sleep loss. Despite good sleep, FZP-treated subjects appeared the most impaired, of the three groups, on objective assessments of waking function; TZ subjects were the least impaired.

**INDEX:** Triazolam, Benzodiazepines - Vision, Psychology - Human

**AUTHORS:** Sethy, V.H. and Harris, D.W.

**TITLE:** Determination of Biological Activity of Alprazolam, Triazolam and Their Metabolites

**REFERENCE:** Journal of Pharmaceutical Pharmacology, Vol. 34, pp. 115-116, 1982.

**DRUGS:** Triazolam (TM)  
Alprazolam (AM)  
Flunitrazepam (FM)

**SUBJECTS:** Rats

**PROCEDURES:** Tritiated FM was given to rats to locate rat brain benzodiazepine receptors. The activity of TM and AM were measured against those preparations.

**FINDINGS:** "Triazolam and 8-hydroxytriazolam were both potent inhibitors of tritiated FM binding." Both compounds appeared to produce their effect by binding at benzodiazepine receptor sites.

**INDEX:** Triazolam, Benzodiazepines - Chemistry, Psychology - Nonhuman

**AUTHORS:** Shader, R.I.

**TITLE:** New Benzodiazepines: Temazepam, Halazepam, Alprazolam, and Triazolam

**REFERENCE:** Journal of Clinical Psychopharmacology, Vol. 2, No. 3, pp. 159-160, 1982.

**DRUGS:** New benzodiazepines

**SUBJECTS:** N/A

**PROCEDURES:** Editorial.

**FINDINGS:** "Triazolam holds promise as a truly short-acting hypnotic that is essentially nonaccumulating and with minimal risk of residual daytime effects following nighttime dosage." Discontinuation of any benzodiazepine after long-term use may lead to rebound insomnia.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Shader, R.I. and Greenblatt, D.J.  
**TITLE:** Triazolam and Anterograde Amnesia: All is Not Well in the Z-zone  
**REFERENCE:** Journal of Clinical Psychopharmacology, Vol. 3, No. 5, p. 273, 1983.  
**DRUGS:** Triazolam (TZ)  
**SUBJECTS:** N/A  
**PROCEDURES:** Four brief case observations of significant memory loss due to one-time use of TZ.  
**FINDINGS:** The report briefly describes the events surrounding the loss of memory (dramatic) of four different people who used TZ one time to ensure sleep.  
**INDEX:** Triazolam - Psychology, Vestibular - Vision - Human

**AUTHORS:** Spinweber, C.L. and Johnson, L.C.  
**TITLE:** Effect of Triazolam (0.5 mg) on Sleep, Performance, Memory, and Arousal Threshold  
**REFERENCE:** Psychopharmacology, Vol. 76, pp. 5-12, 1982.  
**DRUGS:** Triazolam (TZ) 0.5 mg  
**SUBJECTS:** Human - 20  
**PROCEDURES:** Nighttime arousal was at 1.5, 3, and 5 h post administration. The following tests were used: four choice reaction time, digit symbol substitution, and Williams Word memory card sorting task.  
**FINDINGS:** Prior to TZ administration, learning was unimpaired. Learning from nighttime arousal was impaired (anterograde amnesia). Performance was impaired if awakened (post TZ administration) at 1.5, 3, and 5 h. No "rebound insomnia" was reported with TZ.  
**INDEX:** Triazolam - Psychology - Human

**AUTHORS:** Spinweber, C.L. and Johnson, L.C.

**TITLE:** Psychopharmacological Techniques for Optimizing Human Performance

**REFERENCE:** Naval Health Research Center, 1983, Report No. 83-11.

**DRUGS:** Triazolam 0.25 - 1.0 mg  
L-Tryptophan 3 - 4 g

**SUBJECTS:** Human - 20

**PROCEDURES:** "Poor sleepers" were given placebo for 3 nights: 10 subjects were given the drug 6 nights and all were given placebo for 2 nights post study. Psychologic performance batteries were administered, and EEGs monitored.

**FINDINGS:** Triazolam: Sleep latency was reduced the first night. Nighttime testing produced performance decrements. Testing at 8.25 h post administration produced no performance decrement.

L-Tryptophan: Sleep latency was reduced only after 3 consecutive administration nights. Nighttime testing and testing at 8.25 h post dose produced no performance decrement.

**COMMENT:** This appears to be a well designed comparative study.

**INDEX:** Triazolam, L-Tryptophan - Psychology - Human

**AUTHORS:** Stone, B.M.

**TITLE:** Pencil and Paper Tests - Sensitivity to Psychotropic Drugs

**REFERENCE:** British Journal of Clinical Pharmacology, Vol. 18, pp. 15S-20S, 1984.

**DRUGS:** Triazolam

**SUBJECTS:** Human - 7

**PROCEDURES:** Constant plasma concentrations of triazolam were maintained via a rectal infusion pump. Two- and-six letter cancellation, logic, mental arithmetic, symbol copying, digit symbol substitution, and concept identity tests were given.

**FINDINGS:** Paper and pencil tests are simple to administer and are useful to detect impaired performance. Cancellation, mental arithmetic, and digit symbol substitution tests, appeared to be the most sensitive.

**INDEX:** Triazolam - Psychology - Human



**AUTHORS:** Subhan, Z. and Hindmarch, I.  
**TITLE:** Assessing Residual Effects of Benzodiazepines on Short Term Memory  
**REFERENCE:** Pharmaceutics and Medicine, Vol. 1, pp. 27-32, 1984.  
**DRUGS:** Lormetazepam (LM) 1 mg  
Triazolam (TM) 0.25 mg  
Nitrazepam (NM) 5 mg  
Temazepam (TEM) 20 mg  
Flurazepam (FM) 15 mg  
**SUBJECTS:** Human - 12  
**PROCEDURES:** Double-blind crossover study. Short-term memory measured after nighttime administration (12 h post administration).  
**FINDINGS:** Short-term memory was significantly impaired by TM, NM, TEM, and FM; LM had no significant effect.  
**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Sundaresan, P.R., Wardell, W.M., Weintraub, M., and Lasagna, L. 1200  
**TITLE:** Methodology for Demonstrating Sustained Efficacy of Hypnotics: A Comparative Study of Triazolam and Flurazepam  
**REFERENCE:** Clinical Pharmacology and Therapeutics, Vol. 25, No. 4, pp. 391-398, 1979.  
**DRUGS:** Triazolam (TZ) 0.6 mg  
Flurazepam (FZP) 30 mg  
**SUBJECTS:** Human - 37 insomniac patients (20-60 years old)  
**PROCEDURES:** The hypnotic effect of the medication was evaluated by a patient interview each morning. The data were collected by a trained person using a sleep questionnaire, which included adverse effects. The double-blind study was conducted over 7 consecutive nights.  
**FINDINGS:** At this dose, TZ was an effective hypnotic by all usual subjective measures and did not produce appreciable hangover; FZP performed similarly. Both TZ and FZP showed sustained efficacy at the above dosages for 1 week.  
**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** Sunshine, A.

**TITLE:** Comparison of the Hypnotic Activity of Triazolam, Flurazepam Hydrochloride, and Placebo

**REFERENCE:** Clinical Pharmacology and Therapeutics, Vol. 17, No. 5, pp. 573-577, 1973.

**DRUGS:** Triazolam (TM) 0.4 and 0.8 mg  
Flurazepam (FM) 15 and 30 mg

**SUBJECTS:** Human - 25 (insomniacs)

**PROCEDURES:** This was a 5-night double-blind crossover study using insomniacs. Subjective ratings and observations were made.

**FINDINGS:** Very few adverse effects were reported. All medications were reported to be superior to the placebo in inducing sleep. Only TM was reported to be faster than the placebo in reducing onset of sleep.

**COMMENT:** The study was a purely subjective survey, except for the observations during sleep.

**INDEX:** Triazolam, Benzodiazepines - Psychology - Human

**AUTHORS:** van der Kroef, C.

**TITLE:** Reactions to Triazolam

**REFERENCE:** Lancet, Vol. 2, No. 8141, p. 526, 1979 (letter to the editor).

**DRUGS:** Triazolam (TZ)

**SUBJECTS:** N/A

**PROCEDURES:** N/A

**FINDINGS:** The letter describes a psychiatrist's observations concerning the effects of TZ. He describes the following symptoms: severe malaise, depersonalization and derealization, paranoid reactions, acute and chronic anxiety, continuous fear of going insane, depression and deterioration of existing depressions, hyperesthesia (especially for sound but also of smell, taste, and light), sometimes hypoesthesia for the same stimuli, nightmares, restlessness, inability to concentrate, impaired motor function, blurred vision, et cetera.

**INDEX:** Triazolam - Psychology, Vision - Human

1230

**AUTHORS:** Walsh, J.K., Muehlbach, M.J., and Schweitzer, P.K.  
**TITLE:** Acute Administration of Triazolam for the Daytime Sleep of Rotating Shift Workers  
**REFERENCE:** Sleep, Vol. 7, No. 3, pp. 223-229, 1984.  
**DRUGS:** Triazolam 0.5 mg, p.o.  
**SUBJECTS:** Human - 10  
**PROCEDURES:** Double-blind crossover study of rotating-shift workers who were measured by polysomnography during disrupted cycles of sleep. Card sorting and digit symbol substitution tests (DSST) were administered.  
**FINDINGS:** Triazolam significantly improved sleep efficiency and total sleep time relative to placebo, primarily by promoting maintenance of sleep. Post-sleep DSST measurements indicated a marked decrease in performance, suggesting that doses lower than 0.5 mg should be used.  
**COMMENT:** This is one of many studies indicating decreased performance at higher doses of triazolam.  
**INDEX:** Triazolam - Psychology - Human

1240

**AUTHORS:** Wang, R.I.H., Wilbur, M., and Hieb, E.  
**TITLE:** Determining Optimum Dose and Acute Tolerance of Triazolam  
**REFERENCE:** Journal of International Medical Research, Vol. 5, pp. 184-190, 1977.  
**DRUGS:** Triazolam 0.5 - 3.0 mg  
**SUBJECTS:** Human - 14  
**PROCEDURES:** Drug given in 0.5-mg increments from 1.0 mg to maximal tolerance (3.0 mg) as indicated by undesirable side effects. The objective measurement of ability to resume sleep after stimulus was recorded.  
**FINDINGS:** Observed decreases in sleep induction time and increases in duration were reported. Ataxia, dry mouth, and drowsiness were noted.  
**INDEX:** Triazolam - Psychology - Human

**AUTHORS:** Wincor, M.Z.  
**TITLE:** Insomnia and the New Benzodiazepines  
**REFERENCE:** Clinical Pharmacology, Vol. 1, pp. 425-432, 1982.  
**DRUGS:** Temazepam (TZP) 30 mg  
Triazolam (TZ) 0.25 - 0.5 mg  
**SUBJECTS:** N/A  
**PROCEDURES:** A drug review.  
**FINDINGS:** The review considers the following aspects of the drugs TZ and TZP: sleep (EEG, EMG, EOG), insomnia (circadian rhythm and jet lag), other types of testing for sleep effectiveness, chemical descriptions, pharmacokinetics, and associated side effects.  
**INDEX:** Triazolam, Temazepam - Vestibular - Vision - Human

**AUTHORS:** Ziegler, W.H., Schalch, E., Leishman, B., and Eckert, M.  
**TITLE:** Comparison of the Effects of Intravenously Administered Midazolam, Triazolam and Their Hydroxy Metabolites  
**REFERENCE:** British Journal of Clinical Pharmacology, Vol. 16, pp. 63S-69S, 1983.  
**DRUGS:** Midazolam 15 mg, i.v.  
Triazolam 0.25 mg and 1.0 mg, i.v.  
**SUBJECTS:** Human - 6  
**PROCEDURES:** This was a randomized crossover study in which subjects received drugs and drug metabolites. Psychometric testing, self rating, and investigator assessment were done at intervals during a 24-h period.  
**FINDINGS:** A sedative effect was marked for triazolam at the 1-mg dose. At 0.25 mg, triazolam was roughly equivalent to 15 mg midazolam in terms of sedation, but the effect of triazolam was weaker. Psychometric testing at 1 mg triazolam showed a profound effect. Triazolam (0.25 mg) and midazolam (15 mg) disturbed performance, but the disturbance due to triazolam was of much shorter duration, 1.5 h.  
**INDEX:** Triazolam, Benzodiazepines - Psychology, Vestibular - Human

# SUBJECT INDEX

Acoustics	30, 90, 220, 230, 240, 460, 570, 580, 690, 800, 830, 860, 870, 880
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Pharmacology	280, 500, 540
Psychology	10, 20, 30, 40, 50, 60, 70, 80, 90, 100, 110, 120, 130, 140, 150, 170, 180, 190, 200, 210, 220, 230, 240, 250, 260, 270, 290, 310, 320, 330, 340, 350, 360, 370, 380, 390, 400, 410, 430, 440, 450, 460, 480, 490, 510, 520, 530, 550, 560, 570, 590, 600, 610, 620, 630, 650, 660, 670, 690, 700, 710, 720, 730, 740, 750, 760, 770, 780, 790, 800, 810, 830, 850, 860, 870, 880, 890, 900, 910, 920, 940, 950, 970, 980, 990, 1000, 1010, 1020, 1030, 1040, 1050, 1060, 1070, 1080, 1090, 1110, 1120, 1130, 1140, 1150, 1160, 1170, 1180, 1190, 1200, 1210, 1220, 1230, 1240, 1260
Temazepam	840, 1010, 1250
Triazolam	10, 20, 30, 40, 50, 60, 70, 80, 100, 110, 120, 130, 140, 160, 170, 180, 190, 200, 210, 220, 230, 240, 250, 260, 270, 280, 290, 300, 310, 320, 330, 340, 350, 360, 370, 380, 390, 400, 410, 420, 430, 440, 450, 460, 470, 480, 500, 510, 520, 530, 540, 550, 560, 570, 580, 590, 600, 610, 620, 630, 650, 660, 670, 680, 690, 700, 710, 720, 730, 740, 750, 760, 770, 780, 790, 800, 820, 850, 860, 870, 880, 890, 900, 910, 920, 930, 940, 950, 970, 980, 990, 1000, 1010, 1020, 1030, 1040, 1050, 1060, 1070, 1080, 1090, 1100, 1110, 1120, 1130, 1140, 1150, 1160, 1170, 1180, 1190, 1200, 1210, 1220, 1230, 1240, 1250, 1260

L-Tryptophan

1180

Vestibular

30, 190, 220, 230, 240, 270, 290, 460, 470, 520, 590, 690, 730, 830,  
840, 860, 870, 880, 900, 920, 950, 990, 1110, 1150, 1250, 1260

Vision

110, 120, 220, 230, 240, 290, 400, 440, 460, 490, 520, 530, 570, 620,  
630, 640, 690, 780, 830, 840, 860, 870, 880, 890, 900, 940,  
1100, 1110, 1120, 1150, 1220, 1250

**Other Related NAMRL Publications\***

Murdoch, D.M., Lentz, J.M., Reams, G.G., and DeJohn, C.A., Triazolam-Performance Side Effects: Vestibular, Musculoskeletal, and Complex Performance Tests, NAMRL-1327, Naval Aerospace Medical Research Laboratory, Pensacola, FL, March 1987. (AD A180 934)

Thornton, M. and Morey, W.A., Selected Aspects of Triazolam in Relation to Aviator Performance in Naval Flight Operations, NAMRL TM87-1, Naval Aerospace Medical Research Laboratory, Pensacola, FL, November 1987. (AD A189 322)

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